



East Grays Harbor Fire and Rescue

East Grays Harbor Fire and Rescue is an Equal Opportunity Employer and does not unlawfully discriminate based on race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by Federal, State, or local law.

FIREFIGHTER PARAMEDIC or EMT APPLICATION

Name: _____
 First Middle Last

Address: _____

Email Address: _____

Phone Number: _____

Date of Birth: _____

Position applying for: _____

Current certifications: EMT-B Paramedic FF1 FF2

How were you referred to the Department? _____

Are you authorized to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Have you ever applied here before? Yes No If yes, specify date(s):

Employment History: Start with your current or most recent employer:

1: Employer: _____
Address: _____
Telephone Number: _____
Job Title: _____ Supervisor: _____
Employed from: _____ to _____
Duties performed: _____
Starting Salary: _____ Ending Salary: _____
Reason for Leaving: _____
May we contact this employer? Yes No

2: Employer: _____
Address: _____
Telephone Number: _____
Job Title: _____ Supervisor: _____
Employed from: _____ to _____
Duties performed: _____
Starting Salary: _____ Ending Salary: _____
Reason for Leaving: _____
May we contact this employer? Yes No

3: Employer: _____
Address: _____
Telephone Number: _____
Job Title: _____ Supervisor: _____
Employed from: _____ to _____
Duties performed: _____
Starting Salary: _____ Ending Salary: _____
Reason for Leaving: _____
May we contact this employer? Yes No

*If you need additional space, please continue a separate sheet of paper.

Have you worked under a different name for any of these employers?

Yes No

If yes, please identify the employer and state the name:

VOLUNTEER HISTORY

Location

Years Served

EDUCATION RECORD:

Name of
School

Years
Attended

Did You
Graduate?

Area of
Study

High School: _____

College: _____

Other: _____

Other: _____

PLEASE ATTACH COPY OF HIGH SCHOOL, GED OR COLLEGE DIPLOMA TO APPLICATION.

Personal References:

Name: _____

Email Address: _____

Phone Number: _____

Name: _____

Email Address: _____

Phone Number: _____

Name: _____

Email Address: _____

Phone Number: _____

Professional References:

Name: _____

Company: _____

Email Address: _____

Phone Number: _____

Name: _____

Company: _____

Email Address: _____

Phone Number: _____

Name: _____

Company: _____

Email Address: _____

Phone Number: _____

East Grays Harbor Fire and Rescue is committed to non-discrimination in employment practices. To assist, the department requests that you provide following information which will not be used in evaluating your application. Completion of this section is optional.

Sex: Female Male

Ethnic Origin:

- Asian or Pacific Islander
- American Indian or Alaskan Native
- Black
- White
- Hispanic

Persons with Disability

Do you have a physical or mental impairment that substantially limits one or more major life activities?

Yes No If yes, please explain:

Veteran Status

Are you a veteran? Yes No

Dates Served:

From: _____ To: _____

Branch: _____

Background information

1. Have you ever been convicted of any crime against children or other person?

Yes _____ No _____

2. Have you ever been convicted of any crimes relating to financial exploitation of a vulnerable adult?

Yes _____ No _____

3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes _____ No _____

4. Have you been found, by a court in domestic relations proceedings under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?

Yes _____ No _____

5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Yes _____ No _____

6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?

Yes _____ No _____

If you are offered a position as a paid employee East Grays Harbor Fire and Rescue the Department may under RCW 43.43.832 and .834 conducts a background check to verify the answers provided above. You may request a copy of your background check no less than ten (10) days after you signed the authorization The Department will use this information and record only to make the initial employment or acceptance decision and for no other purpose.

Dated: _____ Applicant: _____

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth:* _____

Driver's License #: _____ State of Driver's License* _____

Present Address: _____

City/State/Zip: _____

Phone Number: _____ E-mail: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **East Grays Harbor Fire and Rescue** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by: **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

East Grays Harbor Fire and Rescue may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. The investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Signature: _____ Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the East Grays Harbor Fire and Rescue to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions. I hereby release all those employers, references, academic institutions, and I release the fire department from any and all liability arising from the release giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the department. I also authorize the department to secure financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period, the agency providing a consumer credit report to the departments will provide me with a complete description of the nature and scope of the credit report investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, employment credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the department have not employed me and for immediate dismissal if the department have employed me. I also authorize the department to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the department from all liability for it providing this information.

In the event of my employment with the department, I will comply with all rules, regulations, and policies set forth in the EGHFR policy manual or the communications distributed by the either.

I understand that nothing in this employment, in the departments policy statements or personnel guidelines, or in my communications with the department official is intended to create an employment contract between the department and me. I also understand that the department has the right to modify its policies without giving me any advance notice of changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the department unless it is made in writing and signed by the EGHFR Fire Commissioner's. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the department retain the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby request and authorize to furnish East Grays Harbor Fire and Rescue with all information they may request concerning my work record, education history, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include all information of a confidential or privileged nature as photocopies of such documents, if requested.

This information will be used for the purpose of determining my eligibility for employment with East Grays Harbor Fire and Rescue.

I hereby release you and the East Grays Harbor Fire and Rescue from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be considered as an employee of the department.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____

DRUG TESTING AUTHORIZATION

I have applied for employment with East Grays Harbor Fire and Rescue in a position that requires me to operate Fire District Apparatus. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are confirmed positive, I shall not be considered further by East Grays Harbor Fire and Rescue for employment.

I hereby authorize any physician, laboratory, hospital, or District personal authorized to perform testing, for screening purposes, to conduct such screening and provide the results to East Grays Harbor Fire and Rescue, and I release East Grays Harbor Fire and Rescue and any person affiliated with East Grays Harbor Fire and Rescue and any such institution or person conducting the screening, from liability, therefore.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.