

## Littlerock Fire Rescue Membership Application

Instructions: Type or legibly print this application. Sign and date the application. An incomplete application may disqualify you. A copy of an application will be accepted only with an original signature.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources department.

### General Information

Position for Which Applying:		<input type="checkbox"/> Firefighter <input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Administrative		Department:	
Last Name			First Name		Middle Initial
Street Address			City	State	Zip
Home Phone		Message Phone		Social Security Number	

### Education

Did you graduate from high school or receive a GED certificate? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]			
Name of college, university, vocational school	Major	Dates Attended From/To	Degree
Related Licenses and Certificates	Skills	Expiration Date	
Typing Speed	How many years of computer experience do you have?		
Which computer software programs are you proficient at?			

### Employment History

List your work experience for at least the last 10 years including self employment, military service, volunteer work and periods of unemployment. Attach additional sheets if necessary.			
Most Recent Experience Employer		Total Years	Months
Address		From	To
Position	# of employees supervised	Hours Worked Each Week	
Supervisor	Phone		
Duties		Starting Salary	
		Last Salary	
Reason for Leaving			

Employer		Total Years	Months
Address		From	To
Position	# of employees supervised	Hours Worked Each Week	
Supervisor	Phone		
Duties		Starting Salary	
		Last Salary	
Reason for Leaving			
Employer		Total Years	Months
Address		From	To
Position	# of employees supervised	Hours Worked Each Week	
Supervisor	Phone		
Duties		Starting Salary	
		Last Salary	
Reason for Leaving			

### References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship	Telephone	Number of Years Known

### AGREEMENT CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Fire Department representatives any information regarding my current or former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against Thurston County Fire District No. 11 for relying on any information from my prior employers. I am willing to submit to a pre-employment physical examination if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

**PLEASE SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE UPON APPLICATION**

Signature of Applicant

Date