

Application Checklist

Attachments - Required

- H.S. Diploma or proof of GED
- EMT Certification
- CPAT Certification
- Paramedic Certification

Attachments - Optional

- Cover Letter
- Personal Letters of Recommendation
- Resume

What to expect:

If invited to an in-person interview, you will be scheduled a specific date and time and notified via email or phone.



APPLICATION FOR EMPLOYMENT POSITION: Firefighter/EMT

Snohomish County Fire District 4 (Snohomish Fire and Rescue) is an equal opportunity employer and encourages applications from all persons regardless of race, creed, color, sex, national origin, religion, marital status, age, physical, mental, or sensory disability unless based upon a bona fide occupational qualification (RCW 49.60 and WAC 162-12, and NFPA 1582).

PLEASE: *Answer all questions completely and accurately
 *Attach supplemental sheets as needed

1. Name: _____
(As it appears on your Social Security card)

2. Address: _____
(Street) (City) (State,Zip)

3. Primary/Message Phone: () _____ - _____ Other: () _____ - _____

4. Email Address _____

5. Driver's License Number: _____ State: _____

6. Are you eligible to work in the US? [] YES [] NO

7. Education: (Check highest level completed and furnish copy of GED or diploma)

GED 12 13 14 15 16 17 18

8. List any college degrees or special certificates you hold:

9. List any skills or training you have acquired that relate to the job of Firefighter-EMT/Paramedic:

10. I have attached a copy of my most recent CPAT certificate. [] YES [] NO

11. **Have you completed a Fire Academy ?**

[] YES [] NO

If Yes, list Program name, location and dates attended. Please attach copy of completion certificate.

12. Do you currently possess WA State or National Registry EMT or Medic certification? [] YES [] NO

If Yes, please attach copy of certification.

13. Are you fully vaccinated against COVID, as per CDC guidelines? [] YES [] NO

14. **Present Employment**

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____ Length

of Employment (give dates): _____ Specific

Duties: _____ Days/Hours of

Work: _____

May we contact this employer? Yes No

REFERENCES (please do not include relatives)

NAME	PHONE	RELATIONSHIP
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1.

2.

3.

Previous Employers: Please provide previous ten (10) years of employment.

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

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Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

*

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

*

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

I release all parties connected with any request for information from all claims of liability and/or damages for any reason arising from the furnishing of information, including information of a confidential or privileged nature, in determining my moral, physical, and mental qualifications.

I certify that all statements above are true to the best of my knowledge and contain no misrepresentation or falsification and I understand that false statements shall be sufficient cause for my dismissal from employment.

(Signature of Applicant) _____ / (Date) / _____