

Application Checklist

Attachments - Required

- ❑ H.S. Diploma or proof of GED
- ❑ EMT Certification
- ❑ CPAT Certification
- ❑ Applicable Certifications or Proof of Training

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.

Preliminary interviews will be held on Nov. 15th.



APPLICATION FOR EMPLOYMENT

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

APPLYING FOR: PART - TIME FIREFIGHTER

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

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

3. Social Security Number: _____ - _____ - _____

4. Date of Birth: ____/____/____

5. Home/Message Phone: () _____ - _____ Other: () _____ - _____

6. Email Address _____

7. Washington State Driver's License Number: _____

8. Is there any reason why you cannot become lawfully employed in this country because of visa or immigration status? [] YES [] NO
If employed, can you provide proof of citizenship, visa or alien registration? [] YES [] NO

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

GED 12 13 14 15 16 17 18

10. List any college degrees, training or certificates you hold:

11. List any skills or training you have acquired that relate to the job of firefighter (must provide a copy of certificates or proof of training):

12. Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements? YES NO If Yes, please explain:

13. Do you have any physical/mental disabilities or limitations that could interfere with your performance of the duties required by this position or which should be taken into account in assigning your work?
 YES NO If Yes, please explain:

14. Have you been convicted within the past seven (7) years of a crime? YES NO
If Yes, please explain. NOTE: Conviction will not necessarily bar you from employment.

15. References (not include relatives)

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

17. Present Employment:

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Days/Hours of Work: _____

Previous Employers:

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 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)