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.



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	APPLYING FOR:	PART - TIME FIREFIGHTER
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1.	Name:							
			(As	s it appears on yo	our Social Securi	ty card)		
2.	Address:	(Street)			(City)		(State,Z	lip)
3.	Social Secur	ity Number	::	·				
4.	Date of Birth	:/_	/					
5.	Home/Messa	age Phone:	()		_ Other: ()		
6.	Email Addre	ss						
7.	Washington	State Drive	r's License N	Number:				
8.	immigration	status? []YES [] NO		red in this countr en registration? [-	
9.	Education: (Check highes	t level complete	ed and furnish	copy of GED o	r 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 ore 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)