

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Please print or type or	nly.		
Position applied for:	INTERN FIREFIGHTER		
Full Name:Last, First,	Middle		
Home Address: No St	reet		
City, St	ate, Zip		
Mailing Address (if diffe	rent):		
Home Phone: ()	Cell F	Phone: ()	
Email Address:			
Can you provide proof of which permits you to wo	of citizenship, Visa, or Alien reports in the U.S.?	gistration number a YES⊡	
Are you at least 18 year	rs of age?	YES	NO
	cal, mental, or sensory limitation perform the particular job?		vhich relate NO⊡
If yes, please describe			
Do vou have any activit	ies, commitments, or responsi	bilities that may pre	event vou from
meeting work attendance		YES YES	NO [
Do you have a current h	Health Care Provider CPR Car	rd? YES	NO

Have you been convicted within the past seven (7) years of any crime? (Conviction of crime(s) reasonably related to fitness to perform the job, within the past (7) years or release from prison within such time, may be grounds for rejection.) Conviction records will not necessarily bar applicant from consideration.				
YES NO If yes, please give details	on a separate sheet of par	per.		
Do you use tobacco of any kind?	YES	NO		
List all types of motorized vehicles you can ope	erate, along with your profic	ciency level:		
Driver's license number:	State:			
<u>FIREFIGHTING E</u>	XPERIENCE			
List your current and former firefighting experie Attach separate sheet if necessary.	ence, beginning with the mo	est recent first.		
■ Department:				
Address:				
Phone: ()	May we contact? Yes	No 🗌		
Job Title:	Supervisor:			
From (Mo./Yr.) To (Mo./Yr.)				
Duties:				
Reason for leaving or wanting to leave:				
■ Department:				
Address:				
Phone: ()	May we contact? Yes	No 🗌		
Job Title:	Supervisor:			
From (Mo./Yr.) To (Mo./Yr.)				

Duties:			
Reason for leaving or wanting to	leave:		
	-		
■ Department:			
Address:			
Phone: ()	_	May we contact? Yes	No 🗌
Job Title:		Supervisor:	
From (Mo./Yr.)	To (Mo./Yr.)		
Duties:			
Reason for leaving or wanting to	leave:		
Current EMS Certification:		_ Exp. Date:	State:
	WORK HIS	TORY	
List			-4 A441-
List your current and former emp separate sheet if necessary.	oloyers, beginr	ling with the most recent fir	st. Attach
·			
• Employer:			
Address:			
Phone: ()		May we contact? Yes	No 🗌
Job Title:		Supervisor:	
From (Mo./Yr.)	To (Mo./Yr.)		

Duties:		
Reason for leaving or wanting to leave:		
Employer:		
Address:		
Phone: ()	May we contact? Yes \(\scale \)	lo 🗌
Job Title:	Supervisor:	
From (Mo./Yr.) To (Mo./Yr.)		
Duties:		
·		
Reason for leaving or wanting to leave:		
• Employer:		
Address: Phone: ()	May we contact? Yes ☐ N	
Job Title:	Supervisor:	
From (Mo./Yr.) To (Mo./Yr.)		
Duties:		
Duties		
December looking or wenting to looke		
Reason for leaving or wanting to leave:		

FORMAL EDUCATION

High School: (Name/Address)					
Last y	year completed 1	Graduated?	Yes 🗌	No 🗌	
Colle	ege: (Name/Address)				
	r subject: Last ye				
	luate School: (Name/Address)				
	r subject: Last ye				
Last year completed 1 2 3 4 Year graduated: Business/Trade/Other: (Name/Address)					
Maior	r subject: Last ye	ear attended:			
	year completed 1 \[2 \[3 \[4 \[\]				
<u>VETERAN'S PREFERENCE</u>					
Under Washington State Law, Veteran's Preference may be claimed if you received a discharge under honorable conditions. Proof of Veteran's Status may be required at time of hire.					
1.	Do you claim Veteran's Preference? Y	ES 🗌	NO 🗌		
	If yes, give dates of service (Mo./Day/Yr.	.)	то		
2.	Did you retire from military service? YE	S	NO 🗌		
3.	Have you ever used Veteran's Preference to obtained employment?				
	YE	S	NO 🗌		

APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT

- ♦ A pre-placement health evaluation and drug screen
- ♦ A pre-placement background investigation
- Meeting minimum age requirements of applicable laws and submitting proof of true age
- ♦ Proof of citizenship or U.S. work permit
- Meeting attendance and performance requirements
- Maintaining abstinence from tobacco usage on and off duty
- ♦ Conforming to other department rules, regulations, and instructions

Clark County Fire & Rescue shall not discriminate against an employee or applicant for
employment because of race, color, religion, gender, age, marital status, national origin,
creed, sexual orientation, or disability, unless based upon a bona fide occupational
qualification.

I swear or affirm all statements in this application are true and correct and if any information submitted is false, it shall be cause for dismissal. I have been advised that you may cause an investigation report to be prepared on all information contained herein, and I hereby consent thereto. I understand permanent employment may be contingent upon receipt of Alien Registration Number, verification of date of birth and any other pertinent information bearing upon my continued employment. I have been advised and understand I have the right to request a disclosure in writing of the nature and scope of the investigation.

I authorize Clark County Fire & Rescue to investigate my personal, educational, vocational, and employment history. I also authorize any employer, person, firm, corporation, educational, or vocational institution, or government agency to provide the district with information that it may have regarding me.

Signature of Applicant: .	Date: _	

CONFIDENTIAL DISCLOSURE REPORT

RCW 43.43.834(2) requires that the Fire Protection District, at the time it accepts an application for the position of volunteer or paid fire fighter, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

1.	Have you ever been convicted of any crime against children or other persons? Yes No			
2.	Have you been convicted of 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.	financially exploited a vulnerable	in a protection proceeding under chapter 74.24 RCW, to have abused or adult? No		
Dated:_	<i>A</i>	Applicant		
	OF)	ACKNOWLEDGMENT OF		
County	y of)	INDIVIDUAL		
is the p		evidence thatand said person acknowledged that he/she signed this instrument and oluntary act for the uses and purposes mentioned in the instrument.		
Dated:_		· · · · · · · · · · · · · · · · · · ·		
		Notary Public in and for the State of		
	stamp	residing in		
		My appointment expires		

A crime against children or other persons is defined by the statute as:

"...a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future".

A crime relating to financial exploitation is defined by statute as:

"...conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future."

If you are offered a position as a paid employee or volunteer with the District, the District may under RCW 43.43.832 and .834 submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided above. You will be notified within (10) ten days after a response is received from the State Patrol of the nature of the response and be provided a copy at your request. The District will use this information and record only to make the initial employment decision and for no other purpose.

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EEOC Voluntary Self-Identification Form

This information sheet will be removed from your packet and kept separate and confidential.

The following information is requested for the Fire District to evaluate its hiring practices and to prepare reports required by the Equal Employment Opportunity Commission (EEOC). Completion of this data is voluntary and will NOT affect your opportunity for employment or terms or conditions of employment.

Clark County Fire & Rescue is an equal opportunity employer. In accordance with applicable laws and regulations, the Fire District does not discriminate and endeavors to treat all applicants fairly. If you feel that you have been treated unfairly, or discriminated against because of race, religion, color, national origin, gender, age, marital status, sexual orientation, or disability, please contact the Fire Chief.

NAI	ИЕ:	POSITION APPLYING I	FOR:
GEI	NDER: Female or Male	DATE OF BIRTH:	Example: 9/01/1970
	CE/ETHNICITY: ase check one of the descriptions b	pelow corresponding to the ethr	nic group with which you identify.)
	Hispanic or Latino – A person of Control other Spanish culture or origin rega		South or Central American, or
	White (Not Hispanic or Latino) – And the Middle East or North Africa.	A person having origins in any	of the original peoples of Europe,
	Black or African American (Not H racial groups of Africa.	lispanic or Latino) – A person	having origins in any of the black
	Native Hawaiian or Other Pacific any of the peoples of Hawaii, Guar		
	Asian (Not Hispanic or Latino) – A East, Southeast Asia or the Indian Japan, Korea, Malaysia, Pakistan,	Subcontinent, including, for example 1	ample, Cambodia, China, India,
	American Indian or Alaska Native the original peoples of North and S tribal affiliation or community attack	south America (including Centra	
	Two or More Races (Not Hispanio above five races.	or Latino) – All persons who	identify with more than one of the
Sig	nature:	Date completed	:

PLEASE RETURN FORM WITH YOUR APPLICATION

Thank you for your participation!