

Serving North Spokane County

SPOKANE COUNTY FIRE DISTRICT 4 315 E Crawford Street Deer Park WA 99003 (509) 467-4500 = (509) 467-6032 Fax = www.scfd4.org

Date:		Position: Maintenance Tech 1		
<u>PERSONAL</u>				
Name:				
Address:				
Street		City	State	Zip
Telephone Number:				
	Home	Work	C	ell
E-Mail Address:				
State Driver's License Nu State:				
reiony conviction	is iii Last 7 years.			
EDUCATION				
High School Graduate: Area(s) of Study:	yes no	_ GED College	12	3 4
EMERGENCY NOTIFICATION	<u>ION</u>			
In case of an emergency	notify:			
Phone Number				
Physical Restrictions, disa	abilities, or limita	ations:		

Restrictions may be relevant if job related, but may not bar you from becoming employed.

EMPLOYMENT HISTORY

(Additional pages may be used if needed)

•	-	_	-	
List current	or most	t recent	t first.	

1	Dates:	From	To	
Emp	loyer: _			Phone Number
Occu	ıpation:			
2	Dates:	From	To	
Emp	loyer: _			Phone Number
	ıpation:			
3	Dates:		To	
Emp	loyer: _			Phone Number
Occu	ıpation:			
	ERENCES ame:			
Add	ress:		Pho	ne Number
2Na	ame:			
A	ddress:		Pho	ne Number
I her	FIFICATION eby certify of my know	_	iven in this ap _l	olication are true and correct to the
 Appl	icant Signat	:ure		 Date

SPOKANE COUNTY FIRE DISTRICT #4

RELEASE OF INFORMATION

I hereby authorize Spokane County Fire District 4 to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for or which I may be engaged. I further acknowledge and agree that the District may:

- A. Contact my present or former employers.
- B. Confirm the status of my driver's license and driving record.
- C. Inquire into any criminal convictions on my record.
- D. Contact any personal references provided.
- E. Verify my educational background and training.

I specifically authorize any person, firm, or corporation contacted by Spokane County Fire District 4 to release any of the above records to the District and waive any privilege of confidentiality I may have with respects to said records.

Dated this	_ day of	, 20
Place of Birth:		
Date of Birth:		
Full Name printed:		
Signature:		