

\*Applications Must Be  
Resubmitted After  
12 Months



Serving North Spokane County

Official Use Only:  
Date Received: \_\_\_\_\_

## Information to Include with Application

Thank you for your interest in Spokane County Fire District 4. To efficiently complete your application, **YOU MUST** include the certificates below, if previously obtained. If you do not provide each certificate, you will be required to attend that initial training. If you have previous experience and are interested in being a Lateral, all certificates must be submitted. No exceptions.

**Valid Driver's License** (Required for all applications)

No prior training or experience- If no prior training or experience, please check this box and leave all others below blank. Continue to page two of the application.

WA State EMT Certification or Ability to Obtain Reciprocity

WA State Emergency Vehicle Incident Prevention Certificate or Equivalent

IS-100, IS-200, IS-700.A, and IS-800

BLS Provider Certification or Card

ACLS & PALS Certification (Medics Only)

**For your application to be considered complete, you must have this page attached with all included certificates checked off.**

Please bring your complete application into the  
District Office:  
315 E Crawford St.  
Deer Park, WA 99006  
Monday to Friday: 8:00 to 5:00



## EMERGENCY NOTIFICATION

In case of an emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY

List current or most recent first.

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

3. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

## TRAINING/EXPERIENCE

List current or most recent first. If you list any past experience, you must include certificates with your application.

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

## EMS TRAINING/ EXPERIENCE

EMS Training:

None     EMT-B     Paramedic     EMS Transport     Other: \_\_\_\_\_

Present Qualifications:

Basic First Aid     Advanced First Aid    Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

EMT- State: \_\_\_\_\_ Expires: \_\_\_\_\_

Paramedic – State: \_\_\_\_\_ Expires: \_\_\_\_\_

Other: \_\_\_\_\_

Experience:

None     Field EMS     ER     Other: \_\_\_\_\_

Location/Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

## REFERENCES

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ 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: \_\_\_\_\_