SPOKANE COUNTY FIRE DISTRICT 4

315 E Crawford St.
Deer Park, WA 99006
(509)467-4500 www.scfd4.org

Date:_____

Position Applying For: ☐ Flexible Assistance Support Team Operator

How were you referred to Fire District 4? _____

☐ Newspaper ☐ Webpage ☐ Other _____

Have you ever been a member? ☐ Yes ☐ No Reason for departure? _____

Have you ever applied with Fire District 4 before? ☐ Yes ☐ No

PERSONAL

Full Legal Name: _____
First Middle Last

Physical Address: _____
Street City State Zip Code

Mailing Address (If Different)_____

Telephone Number (s):_____Cell Phone: _____

Email Address: _____DOB: _____

Driver's License Number: _____State Issued: _____

Driver's License Restrictions or Endorsements: _____

EDUCATION

High School Graduate: _____Yes _____No _____ GED

College (mark highest year completed) ____1____2____ 3____ 4____ Higher

Area(s) of Study:_____

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: _____

FIREFIGHTER 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 ☐ First Responder ☐ Paramedic ☐ 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 verify 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. Contact any personal references provided.
C. 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: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU

Spokane County Fire District 4 may obtain "consumer reports" about you from a consumer reporting agency to determine whether you will be permitted to take part in certain volunteer opportunities. A "consumer report" is a background screening report that may contain information regarding your criminal history, sex offender registry status, employment history, education history, driving history, professional licenses, drug test results, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.