

KING COUNTY FIRE PROTECTION DISTRICT NO. 27

P.O. BOX 609, FALL CITY, WA 98024
(425) 222-5841 FAX (425) 222-4566

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, INITIAL)			TITLE OF POSITION FOR WHICH YOU ARE APPLYING	
STREET ADDRESS & MAILING ADDRESS (IF DIFFERENT)			SOCIAL SECURITY NO.	
CITY, STATE, ZIP CODE			WA DRIVERS LICENSE? YES NO	DRIVERS LICENSE NO.
TELEPHONE NUMBER	U.S. CITIZEN? YES NO	HIGH SCHOOL GRADUATE YES NO	G.E.D. EQUIVALENT? YES NO	18 YRS AGE OR MORE? YES NO
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE PAST SEVEN YEARS? IF SO, PLEASE EXPLAIN YES NO				

EDUCATION

NAME AND LOCATION OF SCHOOL	GRADUATED?	LAST YEAR COMPLETED?	SUBJECT STUDIED MAJOR INTEREST?
GRAMMAR SCHOOL			
HIGH SCHOOL	YES NO	1 2 3 4	
COLLEGE	YES NO	1 2 3 4	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	YES NO	1 2 3 4	

OTHER POST HIGH SCHOOL TRAINING OR EXPERIENCE?

REFERENCES

LIST THREE PERSONS WHO ARE: NOT RELATED TO YOU; YOU HAVE KNOWN AT LEAST ONE YEAR; ARE NOT AFFILIATED WITH THIS ORGANIZATION

NAME	ADDRESS, CITY, STATE, ZIP	TELEPHONE NO.	YRS KNOWN
1			
2			
3			

ACTIVITIES

List activities, such as civic, athletic, hobbies, etc. (other than religious and excluding organizations, the name or character of which indicates the race, age, sex, color or national origin of its members.)

EMPLOYMENT HISTORY START WITH PRESENT / LAST EMPLOYER

LAST OR PRESENT FIRM OR AGENCY	EMPLOYERS ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM TO	SALARY	REASON FOR LEAVING
SPECIFIC DUTIES			

PREVIOUS FIRM OR AGENCY	EMPLOYERS ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM TO	SALARY	REASON FOR LEAVING
SPECIFIC DUTIES			

PREVIOUS FIRM OR AGENCY	EMPLOYERS ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM TO	SALARY	REASON FOR LEAVING
SPECIFIC DUTIES			

PREVIOUS FIRM OR AGENCY	ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM TO	SALARY	REASON FOR LEAVING
SPECIFIC DUTIES			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF MY APPLICATION, REMOVAL OF MY NAME FROM THE REGISTER, OR DISMISSAL, IF EMPLOYED.

SIGNATURE OF APPLICANT

DATE

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**VOLUNTEER FIREFIGHTER
APPLICATION QUESTIONNAIRE**

- 1. Why are you interested in becoming a Volunteer Firefighter for KCFPD 27?**

- 2. Being a Volunteer Firefighter can be disruptive to home activities and sleep periods. Does your family or significant other person understand this and support your interest in becoming a Volunteer Firefighter?**

- 3. Being a Volunteer Firefighter will require a significant time commitment to obtain and maintain required training and to respond to alarms. Have you considered this and are you willing to commit the time necessary to be a Volunteer Firefighter?**

- 4. Are you aware of, and have you considered the potential risks involved in being a Volunteer Firefighter?**

- 5. In the last seven years, have you had your driver's license suspended or revoked for any reason? If so, please explain.**

- 6. In the last seven years, have you been convicted of any misdemeanor or felony crime? If so, please explain.**

- 7. Being a Volunteer Firefighter, from time to time, can be physically and emotionally demanding. Have you considered this, and are you physically and mentally in condition to meet the requirements of the job?**

- 8. Do you have any health conditions or physical limitations, which may interfere with your ability to perform as a Volunteer Firefighter? If so, please explain.**