

Clallam 2 Fire-Rescue Employment Application

Fire District No. 2 Administrative Office 1212 E First Street – PO Box 1391 Port Angeles, Washington 98362 360-457-2550 www.clallamfire2.org

Received:
Date:

HR Use Only:

An Equal Opportunity Employer

Important Information about the Application Process

- Carefully read the job announcement for the position you are applying for. Applicant materials and communications will be considered as determined appropriate by the District during our screening and selection process. Therefore, it is important that all materials be accurate, neat and complete. Once received, all application materials become the property of the Clallam County Fire District No. 2. Incomplete or late application materials will not be considered.
- Employment with the District may require transfer to different shifts or work locations. In the case of some positions, this may include overtime or evening, weekend or holiday hours. In accepting employment with the District, you are affirming your ability to accept such transfers and hours.
- In accordance with Federal law proof of identity and proof of authorization to work in the United States is required upon employment. This may also include individuals who have the right to work under an employment visa or similar document.
- Unless otherwise stated in the job announcement, only complete Clallam County Fire District No. 2 *Employment Applications* will be considered in the selection process. All materials submitted along with your application become property of Clallam County Fire District No. 2 and will be used in our selection process. By signing this application you are affirming that all information you provide is accurate and complete. Providing false information is grounds for dismissal.
- PLEASE TYPE OR PRINT CLEARLY. This application will be screened & evaluated on neatness. Typing is highly suggested. NO FAXES WILL BE ACCEPTED.

Applicant Information

A separate application must be submitted for each position you are applying for.

Position Title Applying For:					
Date of Application:	Do you qualify for Veteran's preference – Please attach DD214 if requesting preference) Yes No				
First Name:	Last Name:				
Address:				_	
City:	ty:			Zip Code:	
Email Address:					
Home Phone: ()		Daytime Pho	one: ()		
Other names known by:					
Date of birth:		Social S	Social Security Number:		

Employment History

- Be sure to describe in this section the duties you have performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. You may include on-the-job training, internship, volunteer activity, self-employment, and military experience.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- Additional pages of work history may be attached if necessary.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

Current or Most Recent Job Title:		Start Date:	End Date:		
Employer:	Phone: () -				
Employer Address:					
If this is your current employer may we contact them if you become a finalist for this position? Yes 🗌 No 🗌					
Supervisor:	Number of p	people you supervised in this position:			
Starting Salary:	ary:				
Reason for Leaving:					
Duties and Responsibilities:					
Job Title:		Start Date:	End Date:		
Employer:		Phone: () -	ma Date.		
Employer: Employer Address:		I none. ()			
May we contact this employer? Yes No					
Supervisor:	Number of people you supervised in this position:				
Starting Salary: Ending Salary:					
Reason for Leaving:					
Duties and Responsibilities:					
Job Title:		Start Date:	End Date:		
Employer:		Phone: () -			
Employer Address:					
May we contact this employer? Yes \[\] No \[\]					
Supervisor:					
Starting Salary:	ary:				
Reason for Leaving:	I				
Duties and Responsibilities:					
Job Title:		Start Date:	End Date:		

Employer:				Pho	Phone: () -			
Employer Address:								
May we contact this employer? Yes \(\square\) No \(\square\)								
Supervisor:			Number of people you supervised in this position:					
Starting Salary:			Ending Salary:					
Reason for Leaving:								
Duties and Responsibilities:								
Do you expect to be engaged Yes No Please explain		ther busin	ess or en	nploymer	nt while wor	king for Fire	District No. 2?	
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 1	• 60 4	0.71					
Education, Training				$\overline{}$				
Do you have a high school di					No 📙			
Colleges, universities, mili	tary, tra	de, busine	ss or ot	her scho		e d Completed		
		N		lajor	Semester	Quarter	Specify Degree or	
Name of School	Location	n of School	ol Subject		hours	hours	Certificate Earned	
Note: A valid driver's license is required for this position. Attach a Driver's record abstract to this application.						abstract to this		
List driver's license (if requ	ired) or	other cert	tificates	require	d for this p			
Title of License or Certifica	ite	Numbe	er	Date Issued/Date Issuing Agency Expiration		te Issued/Date of Expiration		
1100 01 21001100 01 001 01100		1101110	i issuing Agenc		<u>889</u>			
							/	
							/	
If a driver's license is require violations? Yes No	d for this	s position,	have you	ı received	l any ticket	s in the last t	three years for moving	
Personal Reference	S							
Please provide two (2) non-related references we may contact who are not former supervisors.								
Name		Address and Pho		Phone Number		Relationship and Years Acquainted		
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General Information
 Are you now, or have you ever been employed/a volunteer at the Clallam 2 Fire-Rescue (CCFD2)? Yes \(\subseteq \) No \(\subseteq \)
If yes, please select the appropriate employment status: Regular Temporary/Seasonal College Intern Volunteer
Please give job title, and dates worked:
Do you have relatives employed by the District? Yes □ No □
If yes, please give name, relationship and department:
• Are you at least 18 years old? Yes \(\subseteq \) No \(\subseteq \) Note: Due to occupational safety guidelines, some positions may have a minimum age requirement, which is noted on the job announcement if applicable.
• Are you able to safely perform the essential job functions of this position, as noted on the job announcement, with or without reasonable accommodation? Yes \(\square \) No \(\square \)
• Have you been convicted of a crime or served time in prison during the last 10 years? Yes No If yes, attach additional page with explanation of conviction(s) to this application. Please include the date, exact charge, jurisdiction and disposition. Note: A conviction is not an automatic bar to employment. Each case is considered separately based upon its relation to the duties of the position.
Certification of Information, Authorization & Release
 WY SIGNATURE BELOW, I: Understand that as required by the Health Insurance Portability and Accountability Act of 1996, the District may not use or disclose my health information, except as provided in the District's Notice of Privacy Practices, without my authorization. My signature on this form indicates that I am giving permission for the uses and disclosures of protected health information as described in the District's published Notice. I may revoke this authorization at any time by contacting the District Administrative Offices;
 Certify that all information I provide as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for District employment or in the termination of my District employment;
• <i>Agree</i> that I will be responsible for familiarizing myself with all rules and regulations of the District as they presently exist or are later modified;
• <i>Understand</i> that by applying for a Firefighter position, a conditional job offer will be contingent upon successful completion of a drug screening and I could be subject to random testing after hire;
 Authorize the Fire District to perform a criminal background check, contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the Clallam County Fire District No. 2 any pertinent information about my employability;
• Release the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the Clallam County Fire District No. 2 from all liability whatsoever incurred in obtaining and/or using such information;
 Release Clallam County Fire District No. 2, its employees, and agents from all liability and/or claims whatsoever related to obtaining and/or using such information.

Date

Optional Applicant Surveys

THIS INFORMATION IS VOLUNTARY AND WILL BE KEPT SEPARATE AND CONFIDENTIAL. Position Title Applying For: _______Date of Application: _____ RECRUITMENT Fire District No. 2 is continually evaluating our recruitment efforts. We are therefore requesting your assistance in completing the following survey so we may improve our recruiting efforts. Please specifically indicate how you learned of this position. Fire District website (www.clallamfire2.org) Other website (specify): The Daily Dispatch The Peninsula Daily News Fire Careers.com Other advertisement or publication (specify): Organization, School or Group. If so please provide agency name: Referred by current District employee. If so who? District Administrative Offices **EQUAL EMPLOYMENT OPPORTUNITY** The Fire District is an equal opportunity employer. To assist in our record keeping, reporting, and other legal requirements, please complete the following survey. Race African-American or Black (not Hispanic or Latino) - All persons having origins in any of the African-American racial groups. Hispanic or Latino - All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race. Two or more races (Not Hispanic or Latino) White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Asian (not Hispanic or Latin) Native Hawaiian or Pacific Islander (Not Hispanic or Latino) Gender Male Female Date of Birth **Disability** Are you an individual with a disability? ☐Yes ☐No 5/17/2017