

S. E. THURSTON FIRE AUTHORITY

Rainier Yelm

709 Mill Road
Post Office Box 777

Yelm, Washington 98597

(360) 458-2799

Fax (360) 458-2766



Member Application

Please type or print in ink

<u>Application Type</u> Circle One	Date _____ / _____ / _____
Firefighter/EMT	Support Services
Other _____	

Personal Data

Name (Last, First, Initial)	DOB: _____ / _____ / _____	SSN: _____
Street Address	City _____	State _____
Mailing Address (if different)	City _____	State _____
Email Address		
Driver's License No. and State	Home Phone _____	Cell Phone _____
Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment)		
Yes If yes, please explain date, charge, place and action taken: (Use back of page if necessary)		
No		

Education

School Name and Location (attach additional sheet if more space is needed)	Number of years	Did you graduate?	Course of Study/Degree
High School			
College			
Other			
List Licenses, Certificates or Registrations	Where Issued	Issue Date	Expiration Date

References (Please do not list relatives)

Name	Address	Phone _____-_____-_____
Name	Address	Phone _____-_____-_____
Name	Address	Phone _____-_____-_____

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Employment and/or Volunteer History: Start with current/last position held. Attach additional pages if necessary. You may attach a resume, but this section must be completed.

Company Name: _____		Employed (Month/Year) From: To:			
Company Address: _____ City State Zip					
Phone ____ - ____ - ____	<table border="1"> <tr> <td>Okay to Contact? YES NO</td> <td rowspan="2">Reason for leaving:</td> </tr> <tr> <td>Your Title:</td> </tr> </table>	Okay to Contact? YES NO	Reason for leaving:	Your Title:	Monthly Salary:
Okay to Contact? YES NO	Reason for leaving:				
Your Title:					
Specific Duties:		Number Employees Supervised:			
Immediate Supervisor:					

Company Name: _____		Employed (Month/Year) From: To:			
Company Address: _____ City State Zip					
Phone ____ - ____ - ____	<table border="1"> <tr> <td>Okay to Contact? YES NO</td> <td rowspan="2">Reason for leaving:</td> </tr> <tr> <td>Your Title:</td> </tr> </table>	Okay to Contact? YES NO	Reason for leaving:	Your Title:	Monthly Salary:
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Special Skills

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

Special Equipment

List machines/equipment that you can operate relevant to the position for which you are applying:

Languages

List any languages other than English that you speak fluently:

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Preferences

Do you qualify for Veterans' Preference? (if yes, please attach copy of DD214)	YES	NO
Have you previously claimed veterans' preferences and been appointed to a position with a county, municipal government, or other political sub-division of the state?	YES	NO
Are you currently receiving veterans' retirement payments or other survivors' benefits?	YES	NO
Are you currently a member of S. E. Thurston Fire Authority?	YES	NO

I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that if I am selected to be a member, any misstatement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising therefrom.

I understand that membership/employment with S. E. Thurston Fire Authority is at will. This means that both I and S. E. Thurston Fire Authority are free to terminate the employment relationship at any time, with or without cause or advance notice, and without compensation except for time actually worked, provided the termination is not done for a discriminatory reason in violation of the law.

Signature

Date

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S. E. THURSTON FIRE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

You may use the back of this page to provide additional information, if needed.

Driving Record Information

Please list all traffic violations and collisions for the past five (5) years:

List all convictions, warrants:

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Please attach copies of the following documents (where applicable)

- Driver License
- Social Security Card
- EMT National Registry Card
- WA State EMT Card
- CPAT
- FF1
- FF2
- Haz Mat Training
- Immunization Records

You may include copies of any additional documents/certifications that you feel may be pertinent to your application.