



East Grays Harbor Fire and Rescue
 112 North Second St. Elma, WA 98541
 Phone (360) 482-3143 Fax (360) 482-3152
 www.eghfr.org

PERSONAL DATA

FIRST NAME				MIDDLE INITIAL		LAST NAME	
PHYSICAL ADDRESS				CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)				CITY		STATE	ZIP
DATE OF BIRTH:			PERSONAL EMAIL:				
CELL PHONE:				HOME PHONE:			
Can you provide proof of a legal right to work in the United States?						YES	NO
Have you ever applied here before?			YES		NO		If yes, specify the date(s):
Are you a Veteran?			YES		NO		Branch:

EDUCATION

Please attach a copy of your high school diploma, GED or College Degree to the application.

NAME OF SCHOOL	DEGREE	YEAR GRADUATED
HIGH SCHOOL:		
COLLEGE:		
OTHER:		
OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTENDED:		
DESCRIBE SKILLS or EXPERIENCE (i.e. typing, computer skills & software applications, mechanical, etc.):		

EMPLOYEMENT HISTORY

List your work experience for the last 10 years including self-employment, military, and periods of unemployment.
 Attach an additional page if necessary.

MOST RECENT EMPLOYER	START- END
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ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
May we contact this employer? YES NO	
REASON FOR LEAVING:	
DESCRIBE DUTIES/PRIMARY TASKS:	
EMPLOYER	START- END
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
May we contact this employer? YES NO	
REASON FOR LEAVING:	
DESCRIBE DUTIES/PRIMARY TASKS:	
EMPLOYER	START- END
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
May we contact this employer? YES NO	
REASON FOR LEAVING:	
DESCRIBE DUTIES/PRIMARY TASKS:	



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VOLUNTEER HISTORY

List any organizations you have volunteered for:

MOST RECENT VOLUNTEER ORGANIZATION	FROM – TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES PERFORMED:	
REASON FOR LEAVING:	
VOLUNTEER ORGANIZATION	FROM - TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES PERFORMED:	
REASON FOR LEAVING:	

EMS EXPERIENCE & CERTIFICATIONS

	CERTIFICATION LEVEL (CIRCLE ONE)	EXPIRATION	CERTIFICATION NUMBER
Washington State DOH EMS Certification	EMT PARAMEDIC		
National Registry	EMT PARAMEDIC		
Out- Of- State EMS Cert. State: _____	EMT PARAMEDIC		
Expiration Dates:	AHA BLS CPR	ACLS	PALS



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FIRE EXPERIENCE & CERTIFICATIONS

Please list, applicable certifications, training, and education (attach certificates or training records).

CERTIFICATIONS/TRAINING

REFERENCES

List names and telephone numbers of 3 personal and 3 professional references:

NAME:	RELATIONSHIP/TITLE	PHONE OR EMAIL:
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PERSONAL REFERENCES

PROFESSIONAL REFERENCES



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BACKGROUND INFORMATION

1. Have you ever been convicted of any crime against children or other persons?	YES	NO
2. Have you ever been convicted of any crimes relating to financial exploitation of a vulnerable adult?	YES	NO
3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?	YES	NO
4. Have you been found by a court in domestic relations proceedings under Title 26 RCS, to have sexually abused or exploited any minor or to have physically abused any minor?	YES	NO
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?	YES	NO
6. Have you been found by a court in a protection proceeding under chapter 74.24 RCS, to have abused or financially exploited a vulnerable adult?	YES	NO

If you are offered a position as a paid employee of East Grays Harbor Fire and Rescue the Department may under RCW 43.43.832 and .834 conduct a background check to verify the answers provided above. You may request a copy of your background check no less than ten (10) days after you signed the authorization. The Department will use this information and records only to make the initial employment acceptance decision and for no other purpose.

Dated: _____ Applicant: _____



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BACKGROUND CHECK

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATION CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **East Grays Harbor Fire and Rescue** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, or insurance company to furnish any background information requested by:

Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com> and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

East Grays Harbor Fire and Rescue may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. The investigations will be conducted by **Background Screeners of America, 933 Melvin Ave., Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Signature: _____ Date: _____



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AGREEMENT

I authorize East Grays Harbor Fire and Rescue to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all those employers, references, academic institutions, and I release the fire district from all liability arising from the release giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the department. I also authorize the department to secure financial and credit information through and appropriate agency, and I understand that, upon my written request made within a reasonable period, the agency providing a consumer credit report to the department will provide me with a complete description of the nature and the scope of the credit report investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, employment credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the department has not employed me and for immediate dismissal if the department has employed me. I also authorize the department to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the department from all liability for it providing this information.

In the event of my employment with the district, I will comply with all rules, regulations, and policies set forth in East Grays Harbor Fire and Rescue's policy manual, by communications, or distributed by either.

I understand that nothing in this employment, in the district policy statements or personnel guidelines, or in my communications with any department official is intended to create an employment contract between the department and me. I also understand that the district has the right to modify its policies without giving me any advance notice of changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the district unless it is made in writing and signed by the EGHFR Fire Commissioner's. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the district will retain the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby request and authorize to furnish East Grays Harbor Fire and Rescue with all information they may request concerning my work record, education history, military record financial statuses, criminal record or general reputation. This authorization is specifically intended to include all information of a confidential or privileged nature as photocopies of such documents, if requested.

This information will be used for the purpose of determining my eligibility for employment with East Grays Harbor Fire and Rescue.

I hereby release you and East Grays Harbor Fire and Rescue from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be considered as an employee of the department.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____

DRUG TESTING AUTHORIZATION

I have applied for employment with East Grays Harbor Fire and Rescue in a position that requires me to operate the Fire District Apparatus. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are confirmed positive, I shall not be considered further by East Grays Harbor Fire and Rescue for employment.

I hereby authorize any physician, laboratory, hospital, or District personnel authorized to perform testing for screening purposes, to conduct such screening and provide the results to East Grays Harbor Fire and Rescue, and I release East Grays Harbor Fire and Rescue and any person affiliated with East Grays Harbor Fire and Rescue and any such institution or person conducting the screening, from liability, therefore.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____

NOTE: THIS FORM MAY BE RETAINED IN YOUR FILE



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REVIEW AND APPROVAL BY FIRE CHIEF

This section is required to be completed by the Fire Chief prior to acceptance of the applicant as a member of East Grays Harbor Fire and Rescue.

Fire Chief Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED:		APPLICATION RECEIVED BY:	
APPLICATION COMPLETE:	YES NO	INTERVIEW?	YES NO
COPY OF DRIVERS LICENSE:	YES NO	INTERVIEW DATE:	
COPY OF EMS CERTS:	YES NO	ORAL BOARD SCORE:	
BACKGROUND CHECK CLEAR:	YES NO	WRITTEN TEST SCORE:	
RESUME ATTACHED:	YES NO	MEDICAL SCENARIOS:	PASS FAIL
LETTERS OR RECOMMENDATION:	YES NO	REFERENCES CHECKED:	YES NO
COPY OF TRAINING RECORDS:	YES NO	REFERENCES CHECKED BY:	
PROOF OF CPAT:	YES NO	PREVIOUS EMPLOYERS CONTACTED:	YES NO
DRIVING RECORD RELEASE OF INTEREST:	YES NO	EMPLOYERS CONTACTED BY:	