



North Olympia Fire District 7

5046 Boston Harbor Rd NE Olympia WA 98506
(360) 705-0234 Fax: (360) 705-0208

Member Application

Please type or print in ink

Position applied for	Date	
Application Type		
<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Trainee	<input type="checkbox"/> Lateral Entry
<input type="checkbox"/> Temporary	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Lateral Transfer
<input type="checkbox"/> Part-time		

Personal Data

Name (Last, First, Initial)		Social Security No.
Street Address	City	State/Zip
Mailing Address (If Different)	City	State/Zip
Driver's License No. and State	Home Phone	Day Phone
Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment)		
<input type="checkbox"/> Yes If yes, please explain date, charge, place and action taken: (Use back page if necessary)		
<input type="checkbox"/> 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

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:		Telephone No:		Employed (Mo./Yr.)	
Company Address:		Okay to contact?		Reason for leaving:	
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		Your Title:		Monthly Salary:	
Specific Duties:					
Immediate Supervisor:				No. Employees Supervised:	

Company Name:		Telephone No:		Employed (Mo./Yr.)	
Company Address:		Okay to contact?		Reason for leaving:	
		<input type="checkbox"/> yes <input type="checkbox"/> no no			
		Your Title:		Monthly Salary:	
Specific Duties:					
Immediate Supervisor:				No. Employees Supervised:	

Company Name:		Telephone No:		Employed (Mo./Yr.)	
Company Address:		Okay to contact?		Reason for leaving:	
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		Your Title:		Monthly Salary:	
Specific Duties:					
Immediate Supervisor:				No. Employees Supervised:	

Company Name:		Telephone No:		Employed (Mo./Yr.)	
Company Address:		Okay to contact?		Reason for leaving:	
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		Your Title:		Monthly Salary:	
Specific Duties:					
Immediate Supervisor:				No. Employees Supervised:	

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 which are necessary or useful to this position.

Languages

List any languages other than English that you speak fluently.

--

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 mis-statement 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.

Name _____ Date _____

NORTH OLYMPIA FIRE DISTRICT 7 IS AN EQUAL OPPORTUNITY EMPLOYER



North East Thurston Fire Districts

Authorization for Release of Information

I hereby authorize Thurston County Fire Districts Three, Seven, or Eight to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for. I further acknowledge and agree that the District may:

- Contact my present or former employers for all information relating to achievement, performance, attendance, personal history, and discipline
- Confirm the status of my driver's license and driving record (if applicable to position requirements)
- Inquire into any criminal convictions on my record
- Obtain copies of my medical records
- Contact any personal references provided
- Verify my educational background and training

I specifically authorize any person, firm or corporation contacted by Fire Districts Three, Seven, or Eight to release any of the above records to the District. I agree to:

- ~ Waive any privilege of confidentiality I may have with respect to said records
- ~ Waive any claims against the District or against any prior employers as a result of the District's collection of said information

Dated this _____ Day of _____, 200_____

Place of Birth: _____

Date of Birth: _____

Social Security Number _____ -- _____ -- _____

Name: Last, First, Middle
(please print) _____

Signature: _____