



MEMBERSHIP APPLICATION

Date of Interview _____
 Date Application Returned _____
 Hire Date _____
 Denied Probation/Membership _____
 HRA VEBA
 Volunteer Board of Firefighters
 Date of termination _____

Print legibly; answer all questions completely and accurately. Attach supplemental sheets as needed.

Last Name	First Name	Middle Initial	Mail & Street Address	City	Zip
Home Phone	Work Phone	Cellular Phone	Pager No.	E-mail	
- -	/ /	Height	Weight	Blood Type	
Social Security#	Birthdate				

1. List all traffic citations for the last three years: _____

2. Do you possess a current valid Washington Drivers license? YES NO

Drivers License No. _____ Expiration Date _____

3. Have you ever been accused or convicted of any crimes? YES NO
 If Yes, please explain in separate letter.

4. Do you agree to let Snohomish County Fire District #5, at its option, run a background check on you? YES NO

5. Do you reside in Snohomish County Fire District #5? YES NO How Long? _____

6. List three professional references, not related to you

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

7. Were you previously employed by this department? _____ If yes, when were you employed? _____

8. Do you have any relative(s) currently employed by this department? _____ Name/Relationship _____

9. Will Visa or Immigration status prevent lawful employment? YES NO

10. Do you have any handicaps, hearing loss, allergies or health conditions that may affect your ability to perform the job applied for, or which you would like the department to consider in determining your job placement?. YES NO

If yes, explain _____

Education History

School Name	City/State	Dates	Degree	Yes	No
<hr/>					
High School					
<hr/>					
College					
<hr/>					
EMS/FIRE Training					

Employment History

Starting with present or most recent, list current and last 2 previous employers. Include self-employment and summer or part time jobs. If more space is required, please continue on a separate sheet.

Last or present employer	From	To	Phone Number
Address	City	State	Zip Code
Job Title	Brief description of job duties		
Supervisor's name and title	Phone Number	May we contact this employer? Yes / No	
Reason for leaving			
Employer	From	To	Phone Number
Address	City	State	Zip Code
Job Title	Brief description of job duties		
Supervisor's name and title	Phone Number	May we contact this employer? Yes / No	
Reason for leaving			
Employer	From	To	Phone Number
Address	City	State	Zip Code
Job Title	Brief description of job duties		
Supervisor's name and title	Phone Number	May we contact this employer? Yes / No	
Reason for leaving			

Military History _____ Branch of Service _____ From _____ To _____
 Present Military Affiliation None Active Reserves Inactive Reserves

I HEREBY CERTIFY THAT THE ANSWERS AND OTHER INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION IS CAUSE FOR CANCELLATION AND/OR DISMISSAL FROM THE FIRE DISTRICT. I UNDERSTAND THAT MY EMPLOYMENT MAY BE CONTINGENT UPON RECEIPT OF AN ALIEN REGISTRATION NUMBER, VERIFICATION OF BIRTH, AND ANY OTHER PERTINENT INFORMATION BEARING UPON MY EMPLOYMENT AND MY CONTINUED EMPLOYMENT DEPENDS UPON THE WILL OF THE DEPARTMENT OR MYSELF.

Applicant Signature _____

Date _____

An Equal Opportunity Employer

Snohomish County Fire District #5 is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will be not used for any discriminatory purpose.

Personal Contact Information

Name: _____

Mailing Address: _____

Street Address: _____

Phone: _____

Cell phone: _____

E-mail: _____

Spouse: _____

Cell Phone: _____

Work Phone: _____ **Other Number:** _____

Children/Dependants:

Name: _____ **Sex:** _____ **Age:** _____

Name: _____ **Sex:** _____ **Age:** _____

Name: _____ **Sex:** _____ **Age:** _____

Name: _____ **Sex:** _____ **Age:** _____

Emergency Contact #1:

Name: _____ **Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact #2:

Name: _____ **Phone:** _____

Cell Phone: _____ **Work Phone:** _____



Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
Mailing address		
City	State	ZIP code
<p>Type(s) of record</p> <p>Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic related convictions, violations, collisions, suspensions, revocations, and disqualifications.</p> <p>We offer the following types of driving records. Check the box beside the type(s) you need.</p> <p><input type="checkbox"/> Noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> Commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> Life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> Employment/Commercial record. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire.</p> <p><input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle.</p> <p><input type="checkbox"/> Volunteer organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled.</p> <p><input type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation.</p> <p>This request is to be billed and mailed to school district _____</p> <p>School district authorization _____ Requestor code _____</p> <p><input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p>		
Date and place	<p style="text-align: center;">X</p> <p>Signature (Valid for four months)</p>	

WSP Washington State Patrol

Pre-Employment Screening - Search Request Form

Date: _____

Contact Name: Cathy Barth/District Secretary Phone Number: **(360) 793-1179**

Company: **Snohomish County Fire Dept. #5** Fax Number: **(360) 799-0563**

Please check the services you are requesting.

Criminal Record Search

Applicant Name	_____	_____	_____
	Last	First	Middle
Date of Birth _____ Social Security #: _____ Driver's License #: _____			
(For Identification Purposes Only)			
Current Address	_____	_____	_____
	Street	City	State Zip
Previous Address	_____	_____	_____
	Street	City	State Zip
Previous Address	_____	_____	_____
	Street	City	State Zip

Applicant must sign below to authorize a consumer report.

Pursuant to State and Federal Credit Reporting Acts, this is to inform you that a background investigation involving the statements made on your application for employment and/or attachments as well as your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and on and at any time during your employment. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope, as well as a written summary of your rights and remedies under the law.

I certify that to the best of my knowledge all statements made on my application and/or attachments are true and correct. I hereby authorize WSP to obtain all reports, records, verifications or other information necessary to complete the background investigation to furnish the information to the prospective employer. I understand that providing fraudulent or misleading information may be grounds for denial of employment or discharge.

Applicant Signature: _____ Date: _____



CONFIDENTIAL DISCLOSURE REPORT - Page 1 of 2

RCW 43.43.834(2) requires that the Fire Protection District, at the time it accepts an application for the position of volunteer or paid fire fighter, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

1. Have you been convicted of any crimes against children or other persons?
Yes _____ No _____
2. Have you been convicted of 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 a domestic relations proceedings under Title 26 RCW 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 RCW, to have abused or financially exploited a vulnerable adult?
Yes _____ No _____

A crime against children or other persons is defined by the statute as:

"... a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first, second, or third degree robbery; first, degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor,

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unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; childburying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.”

A crime relating to financial exploitation is defined by statute as:

“... conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.”

If you are offered a position as a paid employee or volunteer with the District, the District may under RCW 43.43.832 and .834 submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided above. You will be notified within ten (10) days after a response is received from the State Patrol of the nature of the response and be provided a copy of the response at your request. The District will use this information and record only to make the initial employment decision and for no other purposes.

Dated: _____.

Applicant

STATE OF WASHINGTON,)
)
County of _____)

ACKNOWLEDGMENT
OF
INDIVIDUAL

I certify that I know of the satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she completed and signed this instrument (2 pages) and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____.

Notary Public in and for the State of
Washington, residing in _____
My appointment expires _____



Snohomish County Fire District #5

Please provide a copy of your
Drivers License and your Social Security Card.

Name _____

Signature _____

Date _____