

## **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	
	-	/ /				
Social Security	<b>/#</b>	Birthdate	Height	Weight E	Blood Type	
List all traf	ffic citations for t	he last three years	:			
2. Do you po	essess a current	valid Washington I	Drivers license? ☐ YES ☐ N	0		
3. Have you		sed or convicted of	_Expiration Date_ any crimes? ☐ YES ☐ N	10		
4. Do you ag	ree to let Snoho	mish County Fire [	District #5, at its option, run a ba	ckground check on you?	JYES □ NO	
5. Do you re	side in Snohomi	sh County Fire Dis	trict #5?  YES  NO How Lo	ong?		
6. List three p	orofessional refe	rences, not related	to you			
Name			Address	Phone		
Name			Address	Phone		
Name	2		Address	Phone		
7. Were you	previously empl	oyed by this depar	tment?If yes, when were	you employed?		
8. Do you ha	ve any relative(	s) currently employ	ed by this department?Na	ame/Relationship		
9. Will Visa o	or Immigration st	atus prevent lawfu	I employment? ☐ YE	S □ NO		
-	•		allergies or health conditions tha ent to consider in determining y		•	
If you	e evolain					

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## **Education History** School Name City/State **Dates** Degree Yes No High School College **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. Phone Number Last or present employer From Tο Address Zip Code City State Job Title Brief description of job duties Phone Number May we contact this employer? Yes / No Supervisor's name and title Reason for leaving Employer То Phone Number From 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 Phone Number Address City Zip Code State Job Title Brief description of job duties Phone Number May we contact this employer? Yes / No Supervisor's name and title Reason for leaving

Military History	Branch of Se	ervice	From			
Present Military Affiliation	□ None	☐ Active Reserves	☐ Inactive	Reserves		
I HEREBY CERTIFY THAT THE A	ANSWERS AND OTHE	R INFORMATION GIVEN IN	THIS APPLICATION	ON IS TRUE AND	CORRECT TO THE	E BEST OF
MY KNOWLEDGE AND BELIEF.	I UNDERSTAND THA	T ANY MISREPRESENTATION	ON OR OMISSION	OF FACTS IN TH	IS APPLICATION	IS CAUSE
FOR CANCELLATION AND/OR D	DISMISSAL FROM THE	FIRE DISTRICT. I UNDERS	TAND THAT MY E	MPLOYMENT MA	AY BE CONTINGE	NT UPON
RECEIPT OF AN ALIEN REGISTI	RATION NUMBER, VE	RIFICATION OF BIRTH, AND	ANY OTHER PE	RTINENT INFORM	MATION BEARING	<b>UPON MY</b>
<b>EMPLOYMENT AND MY CONTIN</b>	NUED EMPLOYMENT	DEPENDS UPON THE WILL	OF THE DEPARTI	MENT OR MYSEL	.F.	

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.

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