



Snohomish County Fire District 5

Employment Application

32905 Cascade View Drive Sultan, WA 98294

Phone: 360-793-1179 Fax: 360-799-0563

Return To: admin@snofire5.org

Position Applying For:	
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Instructions: Please fill out and return via email, mail, fax, or in person. Copies of any/all listed certifications will be required.

Applicant's Last Name	Applicant's First Name			MI
Current Physical Address		Email Address		
City	State	Zip	Mobile Phone	

Are you legally authorized to work in the United States? YES NO

(Employment is subject to verification of your legal right to work in the U.S.)

Driver's License Number	State Issued	Expiration Date	Can you provide proof of vehicle insurance? List carrier name:

(Note: Obtaining a Washington State Driver's License will be required by date of hire).

MEDICAL HISTORY:

Do you have any physical conditions which may limit your ability to perform the duties of the position for which you are applying to? Disclosure will not automatically disqualify application.	YES	NO
If YES, please explain:		

MILITARY HISTORY: (If discharged, a copy of honorable discharge is required upon hire).

Branch of Service	Date From	Date To
Present Military Affiliation?	None	Active Reserves
		Inactive Reserves

PERSONAL REFERENCES:

Name	Relationship	Phone	Email

PREVIOUS EMPLOYMENT - Give a complete account of your employment. Begin with your present or most recent. The last five years of employment only are necessary. Attach additional sheets if required. Leave unemployment areas blank if N/A.

Month/Year Started	Name of Employer	Complete Address	Phone
Month/Year Ended	Your Title	Supervisor's Name	Reason for Leaving?
Your Duties			
What did you like most about this job?			
What did you like least about this job?			

Gap in employment	From (date)	To (date)

Month/Year Started	Name of Employer	Complete Address	Phone
Month/Year Ended	Your Title	Supervisor's Name	Reason for Leaving?
Your Duties			
What did you like most about this job?			
What did you like least about this job?			

Gap in employment	From (date)	To (date)

Month/Year Started	Name of Employer	Complete Address	Phone
Month/Year Ended	Your Title	Supervisor's Name	Reason for Leaving?
Your Duties			
What did you like most about this job?			
What did you like least about this job?			

PREVIOUS EMPLOYMENT (continued):

Month/Year Started	Name of Employer	Complete Address	Phone
Month/Year Ended	Your Title	Supervisor's Name	Reason for Leaving?
Your Duties			
What did you like most about this job?			
What did you like least about this job?			

Gap in employment	From (date)	To (date)

Month/Year Started	Name of Employer	Complete Address	Phone
Month/Year Ended	Your Title	Supervisor's Name	Reason for Leaving?
Your Duties			
What did you like most about this job?			
What did you like least about this job?			

Gap in employment	From (date)	To (date)

Month/Year Started	Name of Employer	Complete Address	Phone
Month/Year Ended	Your Title	Supervisor's Name	Reason for Leaving?
Your Duties			
What did you like most about this job?			
What did you like least about this job?			

FORMAL EDUCATION:

School Type	Name – City & State	Year Graduated	Major Subjects or Degree Awarded
High School			
College/University			
College/University			
Technical/ Vocational/Other			

EMS Certifications Achieved – Copies must be attached for consideration. If you are in school now, please indicate below.

EMS Academy Name	Physical Location	Year Completed	Certification Earned
EMS Academy Name	Physical Location	Year Completed	Certification Earned
Have you ever held a WA State EMS Certification?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of your last successful NREMT Examination			
Do you currently hold an NREMT Certification?			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXPIRED
Date of most recent CPR Card at BLS for Health Care Provider Level			

STRUCTURAL FIRE CERTIFICATIONS ACHIEVED – List the year your certifications were achieved.

Note: All certifications and documents listed must be accompanied by a copy to this application for consideration.

Fire Fighter 1	Fire Fighter 2	HAZMAT Awareness	HAZMAT Ops	Fire Officer 1	Fire Officer 2	Fire Instructor 1	Fire Instructor 2	Driver/ Operator
Other (Please List)								
Fire Academy Name	Dates Attended		Completed?	Physical Location				
Please list the date of your most recent, successful, <u>certified</u> CPAT/Firefighter Mile:								

WILDLAND, SWIFT WATER, & TECHNICAL RESCUE/OTHER CERTIFICATIONS - List the year certifications were achieved.

Note: All certifications and documents listed must be accompanied by a copy to this application for consideration.

Wildland Certified Level	Current Red Card?	Last Pack Test Date	IMT Special Position Quals
SRT Course Name	Physical Location	Year Completed	Certification(s) Earned
Tech Rescue/Other Course Name	Physical Location	Year Completed	Certification(s) Earned

ICS Certifications Achieved – List the year your certifications were achieved.

Note: All certs listed must be accompanied by a copy or a transcript w/ application for consideration.

NIMS ICS 100	NIMS ICS 200	NIMS ICS 700	NIMS ICS 800	Other (List)

Link to download the issued Consumer Reporting information: <https://snofire5.org/wp-content/uploads/2026/04/Consumer-Reporting-Information.pdf>

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Snohomish County Fire District 5 (“the Company”) 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”), credit report, verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the information below entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (linked at top of this page) and certify that I have read and understand both of the following documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Snohomish County Fire District 5 (“Employer”) 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 and all background information requested by Employer. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CONFIDENTIAL DISCLOSURE REPORT

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:

Have you been convicted of any crimes against children or other persons?	YES	NO
Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?	YES	NO
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
Have you been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?	YES	NO
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
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

I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application. I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered. If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested; and I authorize Snohomish County Fire District 5 and agencies or companies by choice of Snohomish County Fire District 5 to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information. I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by Snohomish County Fire District 5. I understand that the reason for such testing is that Snohomish County Fire District 5 endeavors to operate its business in a safe manner for all employees, customers, residents, visitors and/or guests. The results of such testing will be communicated to Snohomish County Fire District 5 or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment. If I am employed, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the U.S.A If employed, I agree to abide by Snohomish County Fire District 5 rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by Snohomish County Fire District 5 or myself, without notice and/or without cause. I understand that this is an application only and that it does not constitute an offer of employment or an employment contract. As the Applicant named above, I authorize Snohomish County Fire District 5 and/or its agents to:

1. Obtain verification of information provided by me in this employment application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education all records, conduct, and skills.
5. Obtain a consumer credit report in conjunction with my application for employment.

The information obtained will in no way be used in violation of any federal or state equal employment opportunity law or regulation. I further authorize all institution, agencies, companies, or persons referred to above, to give Snohomish County Fire District 5 and/or its agents all information requested. I release Snohomish County Fire District 5, its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.

Please sign your application below to indicate acknowledgement and attestation of above information:

Applicant’s Signature	Date



Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: Snohomish County Fire District 5

Agent business name if acting on behalf of the company for employment purposes: Background Screeners of America

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature X	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name Snohomish County Fire District 5	Authorized representative name	Title
Address 32905 Cascade View Drive, Sultan WA 98294		

Date and place signed

X

Authorized representative signature

NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.