



# South Bay Fire District 8

3506 Shincke Rd. N.E. Olympia WA 98506  
 (360) 491-5320 Fax: (360) 438-0523

# Member Application

*Please type or print in ink*

Position applied for	Date	
<b>Application Type</b>		
<input type="checkbox"/> Volunteer Firefighter	<input type="checkbox"/> Volunteer Receptionist	<input type="checkbox"/> Lateral Volunteer Firefighter
<input type="checkbox"/> Volunteer Resident	<input type="checkbox"/> Volunteer Public Educator	<input type="checkbox"/> Lateral Volunteer EMT
<input type="checkbox"/> Volunteer Student	<input type="checkbox"/> Volunteer Captain	<input type="checkbox"/> Lateral Volunteer Captain

## 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: Work Phone:	Cell Phone: Email:
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.) From: To:
Company Address:	Okay to contact? <input type="checkbox"/> yes <input type="checkbox"/> no		Reason for leaving:
	Your Title:		Monthly Salary:
Specific Duties:			
			No. Employees Supervised:
Immediate Supervisor:			

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

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

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

**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.

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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 \_\_\_\_\_

**SOUTH BAY FIRE DISTRICT 8 IS AN EQUAL OPPORTUNITY EMPLOYER**

You may use this space to provide additional information, if needed.

# Getting To Know You

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please take a moment and in a sentence or two to describe yourself, your background and interests and why you came to our Fire District. (For use in our newsletter and/or welcome memo.)



**South Bay Fire Department**

***Authorization for Release of Information***

I hereby authorize Thurston County Fire District 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 District 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: \_\_\_\_\_