



South Bay Fire District 8

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

Part 1. Application

Please type or print in ink

Position – Volunteer Firefighter/EMT	Date
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Personal Data

Name (Last Name, First Name, Middle Initial)		
Street Address	City	State/Zip
Mailing Address (If Different)	City	State/Zip
Email:	Primary Contact Phone:	

Have you ever been convicted of a misdemeanor or felony crime? *You must complete this section in order for your application to be complete.* (Conviction is not an automatic bar to selection)

- Yes** If yes, please explain date, charge, place and action taken: (Use space on pg 3 if necessary)
 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	Issued By	Issue Date	Expiration Date

References (Please do not list relatives)

Name	Phone	
Name	Phone	
Name	Phone	

Employment and History: Start with current/last position held. Attach additional pages if necessary.

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:
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	Your Title:	Monthly Salary:
Specific Duties:		
		No. Employees Supervised:
Immediate Supervisor:		

Existing skills or supplemental information for consideration

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, 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 _____

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

Part 2. Authorization for Release of Information

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by The South Bay Fire Department (“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 **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com** and/or 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.

BACKGROUND INFORMATION:

Last Name: _____ First: _____ Middle: _____

Other Names/Alias _____

Social Security#*: _____ Date of Birth*: _____

Driver’s License # _____ State of Driver’s License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail * : _____

(*REQUIRED) This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

Application Checklist

(NOTE: Incomplete applications will not be processed – Please ensure that each of the below items are included in the application packet to qualify as complete.)

- Application
- Authorization for release of information
- Driving abstract attached (*Available from Dept. of Licensing*)
- Photo copy of Washington State Driver's license
- SPSCC Accuplacer score report
- CPAT

How did you hear about the Volunteer FF/EMT program at South Bay Fire Department? (Required)

Email: jnotarianni@southbayfire.com

**South Bay Fire District 8
3506 Shincke Rd NE
Olympia, WA 98506**

Qualified, eligible and completed applications will be invited to move forward with the interview and selection process. Applicants who are offered a conditional offer will need to successfully pass a background investigation, and a medical screening, and drug testing prior to full membership with the District.

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