Skagit County Fire District #8

20464 Prairie Road, Sedro-Woolley WA. 98284
Office: 360-724-4703 Email: info@skagitfire8.org

APPLICATION FOR MEMBERSHIP

Position Applied For: ( ) Volunteer Firefighter ( ) Volunteer EMS Only ( ) Volunteer Firefighter/EMS ( ) Career Position

Personal: The following information is required of you for verification and contact purposes: (Please Print or Type) Please complete the following in its entirety. Applications received that are not completely filled out will be rejected.

Name: _____
Last First (full) Middle (full)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____/_____/_____ Place of Birth: _____

Have you ever been a member of another Fire Department(s)? ( ) Yes ( ) No
If yes, please list the department(s), supervisor's name and contact number.

Department Name:
_____
Supervisors Name:
_____
Contact Number:
_____

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Supervisors Name:
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Contact Number:
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Residence of the last 7 years:

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____

Current Employer: _____From: _____ To: _____

Supervisors Name: _____ Contact #: _____

Past Employers:

1. _____ From: _____ To: _____
   Supervisor: _____ Contact Number: _____
   Reason for Leaving: _____
2. _____ From: _____ To: _____
   Supervisor: _____ Contact Number: _____
   Reason for Leaving: _____
3. _____ From: _____ To: _____
   Supervisor: _____ Contact Number: _____
   Reason for Leaving: _____

Would any problem result if your present or past employer(s) were contacted during the course of the background investigation? ( ) Yes ( ) No

What training or skills do you have that may be beneficial to our organization?

_____
_____
_____
_____
_____
_____

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List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three personal references who are *not* related to you.

1. Name: _____ Years Known: _____

   Relationship:_____ Phone Number: _____
2. Name: _____ Years Known: _____

   Relationship:_____ Phone Number: _____
3. Name: _____ Years Known: _____

   Relationship:_____ Phone Number: _____

Have you ever been convicted of any crime(s) in the past 7 years? ( ) Yes ( ) No

If yes above, please list the crime(s):

_____
_____
_____
_____
_____

Automatic Criminal disqualifiers:

Any adult felony convictions. Adult misdemeanor conviction will be carefully reviewed.

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Driver's License # _____ Issuing State: _____

Please provide a copy of your driver's license with your application.

Driving infraction(s) in the past 5 years:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

Automatic Driving disqualifiers include:

One or more traffic crime convictions in the last five years:

- Driving under the influence
- Driving under the influence where injury to another person occurs
- Negligent homicide arising out of the use of a motor vehicle (gross negligence)
- Operating a vehicle during a period of suspension or revocation
- Using a motor vehicle in the commission of a felony

Three or more moving violations in the past three years.

More than one at-fault accident and one minor moving violation conviction within the past three years.

I, _____, authorize Skagit County Fire District #8 to obtain investigative reports relating to my character, criminal background information and driving history to verify the accuracy of the information submitted. By signing below, you are releasing Skagit County Fire District #8 from any and all damages, claims or losses related in any way to the investigation or disclosure of such information. You have the right to make a written request for a complete and accurate disclosure of the nature and scope of any investigative report requested.

I hereby certify to the truth of the above answers and pledge to abide by the Policies set forth by the Board of Commissioners of Skagit County Fire District #8.

_____

(Applicant Please Print)

Applicant Signature: _____

Date Signed: _____