

# Whatcom County Fire District # 1

*Please mail to P.O. Box 454, Everson WA 98247  
or deliver to the Everson Station at 101 E. Main St. Everson WA*

Applicants should be at least 21 years of age. All new applicants are placed on a probationary status for at least one year or until they have completed a First Responder or Emergency Medical Technician course. Each applicant is checked for any possible criminal history. Applicants with an arrest or conviction in their past are reviewed on a case by case basis. The type of offense is considered as well as how long ago they occurred and the age of the applicant at the time. Once an applicant has been approved for hire they must first pass an extensive medical physical, which is paid for by the district.

*Applications are processed twice a year. Applications received between November 1<sup>st</sup> and April 30<sup>th</sup> will be processed during the mid year process. Applications received between May 1<sup>st</sup> and October 30<sup>th</sup> will be processed at the end of the year.*

Whatcom County Fire District #1 has regular training meetings, which are held on the first and third Monday of the month (excluding major holidays). You are invited to attend two of these meetings either in November or May, depending upon when your application is being processed.

For your reference the steps to the pre-employment process are listed below:

1. A check of any arrests / convictions or citations
2. A interview with the Everson Firefighter Association Officers
3. A vote by the association for acceptance of the applicant as a member.
4. Approval from the Whatcom County Fire District #1 Fire Commissioners.
5. Positive completion of a medical physical.

Feel free to tear off this top page and keep it for reference. If you have questions or concerns about your application, please call (360) 966-5757.

## **Directions**

1. Answer all questions. If a question does not apply indicate so with a "N/A".
2. List area codes for all phone numbers
3. List complete addresses throughout the application.
4. Be accurate, deception anywhere in the process will be grounds for disqualification.
5. Disclose all criminal activity.

# Application

## Personal information

Name \_\_\_\_\_ Date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
*Last First Middle*

List any other names you have used in the past.


Please list your residences for the past 10 years starting with the most recent. Use separate sheet of paper if necessary.

<b>Residences (be sure to also include the city, state and zip code)</b>	<b>Dates you lived there</b>

Mailing address if it is not your current address \_\_\_\_\_

Contact phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you currently a U.S. Citizen or do you have a work visa?      Yes    No

## EDUCATION

Please indicate all Degrees/Diplomas you have received including high school.

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Have you ever been suspended or expelled from any high school or post-secondary school? Post-secondary schools include colleges and universities, graduate schools, business and vocational schools any formal education beyond the high school level.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. Include the school, date, and circumstances.

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**Driving history / status**

Do you currently have a Washington State Driver's License?      Yes    No

Has your license or privilege to drive ever been suspended or revoked? Yes No

If you answered yes, please list why. \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Expiration date \_\_\_\_\_

Please list all traffic tickets you have been issued. Be accurate and complete. If more space is needed use a separate sheet of paper.

Infraction cited for	Date

## Arrests

Please list any arrest (adult or juvenile) and the Law Enforcement Agency responsible for the arrest. This includes offenses where you may have been cited, released and not booked into jail. These would include any time you were mandated to appear in court for the offences, such as shoplifting, driving on a suspended license, etc. If you need more space use a separate sheet of paper.

Offense	Agency	Date

## Employment

Please list your employers for the past 10 years, starting with your current employer. Also list your supervisor and a contact number for them.

Employer	Dates worked	Supervisor	Contact #

Have you ever been terminated from employment? Yes No

If yes, please list why.

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## Experience

Do you have any fire service or emergency medical experience? Yes No

If you have prior experience please list the agencies information below. Use a separate sheet if necessary.

Agency \_\_\_\_\_ Dates \_\_\_\_\_

Dept. mailing address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Agency \_\_\_\_\_ Dates \_\_\_\_\_

Dept. mailing address \_\_\_\_\_

Phone number \_\_\_\_\_ Supervisor \_\_\_\_\_

Please list any other special training, experiences, or certifications you have in the fire or emergency medical services, or any fields you feel are related.

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Are there any times that you would be unavailable to respond to calls?

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Do you have any physical conditions that would affect your ability to perform the strenuous duties of firefighting?

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I hereby declare that the information I have provided is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

# Whatcom County Fire District # 1

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

### DRIVING RECORD AND CRIMINAL HISTORY

I authorize any agency, department or entity to furnish the Whatcom County Fire District #1 with any and information concerning my reputation, driving record, criminal record (adult or juvenile), any medical records, my military service record, my financial status or any other pre-employment information. I am aware that this material may include information that is confidential or privileged in nature and may be used to assist the Whatcom County Fire District #1 in determining my qualifications and fitness for the positions I am seeking with the district.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that the information furnished will be used by the Whatcom County Fire District # 1 in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Please print clearly

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>
<b>Other names used</b>			<b>Social Security Number</b>
<b>Place of Birth</b>			<b>Drivers License Number</b>

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness Name* (please print) \_\_\_\_\_

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.