



South Bay Fire District 8

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

Part 1. Membership Application

Please type or print in ink

Position applied for	Date
Application Type <input type="checkbox"/> Entry Level Firefighter/EMT <input type="checkbox"/> Lateral Firefighter (Already Certified) <input type="checkbox"/> Lateral EMT (Already Certified—Indicate Certification)	

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	Primary Contact Phone:	Email:

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 employment)

- Yes** If yes, please explain date, charge, place and action taken: (Use back page 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 – Firefighter or EMT	Issued By	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.

How did you hear about us?

Please select/check how you learned about our department. (Please make only one selection. We would like to know how you first heard about us.)

- 1. Word of mouth from a current South Bay Fire Department member. Who? _____
- 2. Word of mouth from someone outside the Department. Who? _____
- 3. Searched and found online.
- 4. Department brochure or flyer. Where did you obtain it? _____
- 5. Movie theater commercial.
- 6. Intercity Transit bus sign
- 7. Coffee News
- 8. Department reader board or saw the Fire Station and stopped in.
- 9. Other. What/how? _____

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 _____

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



Part 3. Authorization for Release of Information

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: Month _____ Date _____ Year _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Name: Last, First, Middle
(Please Print): _____

Signature: _____



SBFD Application Checklist

(NOTE: Incomplete applications will not be processed – Please ensure that each of the below portions are completely and accurately included)

- Membership Application
- Getting to know you
- Authorization for release of information
- 3 year driving abstract Attached *(Available from Dept. of Licensing or find online at [http://www.dol.wa.gov/driverslicense/requestyourrecord.](http://www.dol.wa.gov/driverslicense/requestyourrecord))*

- Photo-copy of current Driver's license

Return or mail your completed application packet to:

**Thurston County Fire Protection District 8
3506 Shincke Rd NE
Olympia, WA 98506**

Applications are accepted at all times; however the selection and recruitment process is conducted twice a year in January and June. Qualified and completed applications will be processed and applicants will be invited to partake in the testing and internal portion. Membership offers may be made to the top candidates soon after the testing and interview results are processed.

SOUTH BAY FIRE DISTRICT 8 IS AN EQUAL OPPORTUNITY EMPLOYER