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APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

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**Fill-in available in gray areas only; please write on all other lines.**

Position applied for: **LATERAL FULL-TIME FIREFIGHTER PARAMEDIC**

Full Name: \_\_\_\_\_  
Last, First, Middle

Home Address: \_\_\_\_\_  
No. – Street, City, State, Zip

Mailing Address (if different): \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Can you provide proof of citizenship, Visa, or Alien registration number after being hired which permits you to work in the U.S.? YES  NO

Are you at least 18 years of age? YES  NO

Do you have any physical, mental, or sensory limitations or disabilities, which relate reasonably to fitness to perform the particular job? YES  NO

If yes, please describe \_\_\_\_\_

Do you have any activities, commitments, or responsibilities that may prevent you from meeting work attendance requirements? YES  NO

Do you have a current Health Care Provider CPR Card? YES  NO

Have you been convicted within the past seven (7) years of **any** crime?

(Conviction of crime(s) reasonably related to fitness to perform the job, within the past (7) years or release from prison within such time, may be grounds for rejection.) Conviction records will not necessarily bar applicant from consideration.

YES  NO  If yes, please give details on a separate sheet of paper.

Do you use tobacco of any kind? YES  NO

List all types of motorized vehicles you can operate, along with your proficiency level:

\_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

### FIREFIGHTING EXPERIENCE

List your current and former firefighting experience, beginning with the most recent first. Attach separate sheet if necessary.

■ **Department:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact? Yes  No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

■ **Department:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact? Yes  No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

■ **Department:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact? Yes  No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

**Current EMS Certification:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **State** \_\_\_\_\_

**How many years certified as a paramedic?:** \_\_\_\_\_

**Transport experience?:** \_\_\_\_\_

**If answered yes to transport experience, when, where and how long?:** \_\_\_\_\_

### WORK HISTORY

List your current and former employers, beginning with the most recent first. Attach separate sheet if necessary.

● **Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact? Yes  No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

● **Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact? Yes  No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

• **Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact? Yes  No

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

### FORMAL EDUCATION

**High School:** (Name/Address) \_\_\_\_\_

Last year completed 1  2  3  4

Graduated? Yes  or No  If no, please provide a copy of your GED or equivalent.

**College:** (Name/Address) \_\_\_\_\_

Major subject: \_\_\_\_\_ Last year attended: \_\_\_\_\_

Last year completed 1  2  3  4  Year graduated: \_\_\_\_\_

**Graduate School:** (Name/Address) \_\_\_\_\_

Major subject: \_\_\_\_\_ Last year attended: \_\_\_\_\_

Last year completed 1  2  3  4  Year graduated: \_\_\_\_\_

**Business/Trade/Other:** (Name/Address) \_\_\_\_\_

Major subject: \_\_\_\_\_ Last year attended: \_\_\_\_\_

Last year completed 1  2  3  4  Year graduated: \_\_\_\_\_

### DESIRED QUALIFICATIONS

Do you have an Associate's Degree in Fire Science?  Yes or  No

Are you a current paid or volunteer Firefighter with Clark County Fire & Rescue?

Yes or  No      If yes, for how long?       over 2 years      (5 pts\*)

Do you have approved Driver status with CCFR?       Yes or  No

Are you IFSAC Firefighter 1 certified?       Yes or  No

Are you NWSCG Single Resource Engine Boss (Red Card) certified?       Yes or  No

**\* Additional points will be added to a passing written exam score for over two (2) years of service with CCF&R. Other desired qualifications may be considered during the selection process, but will not affect the written exam score.**

### MINIMUM REQUIREMENTS

Do you certify that you meet the minimum requirements to test for this position, as listed below?

- Have a high school diploma or have a G.E.D. certificate or equivalent.
- Are a legal resident of the United States.
- Are at least 18 years of age or older.
- Have a valid driver's license.
- Are a current State of Washington Emergency Medical Technician, or hold an out of state EMT certification and will be able to get Washington reciprocity within 90 days of hire.
- Are able to meet knowledge, health, and physical qualifications established by the Department.
- Are capable of fluently reading, speaking, and writing the English language.
- Are a non-tobacco user.
- Have a working knowledge of clerical filing systems and basic computer skills, including the use of the Microsoft Office Suite.

Yes or  No

### VETERAN'S PREFERENCE

Under Washington State Law, Veteran's Preference may be claimed if you received a discharge under honorable conditions. Proof of Veteran's Status may be required at time of hire.

1. Do you claim Veteran's Preference? YES  NO   
If yes, give dates of service (Mo./Day/Yr.) \_\_\_\_\_ TO \_\_\_\_\_
2. Did you retire from military service? YES  NO
3. Have you ever used Veteran's Preference to obtain employment?  
YES  NO

APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT

- ◆ A pre-placement health evaluation and drug screen
- ◆ A pre-placement background investigation, psychological evaluation, and management evaluation
- ◆ Meeting minimum age requirements of applicable laws and submitting proof of true age
- ◆ Proof of citizenship or U.S. work permit
- ◆ Meeting attendance and performance requirements
- ◆ Maintaining abstinence from tobacco usage on and off duty
- ◆ Conforming to other department rules, regulations, and instructions
- ◆ Must complete the driver/operator task books and be fully checked-off to drive all district apparatus within six months of appointment
- ◆ Must obtain I-100, I-200 and I-700 certification within three months of hire date.

Clark County Fire & Rescue shall not discriminate against an employee or applicant for employment because of race, color, religion, gender, age, marital status, national origin, creed, sexual orientation, or disability, unless based upon a bona fide occupational qualification.

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I swear or affirm all statements in this application are true and correct and if any information submitted is false, it shall be cause for dismissal. I have been advised that you may cause an investigation report to be prepared on all information contained herein, and I hereby consent thereto. I understand permanent employment may be contingent upon receipt of Alien Registration Number, verification of date of birth, and any other pertinent information bearing upon my continued employment. I have been advised and understand I have the right to request a disclosure in writing of the nature and scope of the investigation.

I authorize Clark County Fire & Rescue to investigate my personal, educational, vocational, and employment history. I also authorize any employer, person, firm, corporation, educational, or vocational institution, or government agency to provide the district with information that it may have regarding me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL  
DISCLOSURE REPORT**

**RCW 43.43.834(2)** requires that the Fire Protection District, at the time it accepts an application for the position of volunteer or paid fire fighter, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

1. Have you ever been convicted of any crime against children or other persons?  
Yes\_\_\_\_\_ No\_\_\_\_\_
2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?  
Yes\_\_\_\_\_ No\_\_\_\_\_
3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?  
Yes\_\_\_\_\_ No\_\_\_\_\_
4. Have you been found, by a court in domestic relations proceedings under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?  
Yes\_\_\_\_\_ No\_\_\_\_\_
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?  
Yes\_\_\_\_\_ No\_\_\_\_\_
6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Dated:\_\_\_\_\_ Applicant\_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 )ss.  
County of \_\_\_\_\_ )

**ACKNOWLEDGMENT  
OF  
INDIVIDUAL**

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

stamp

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

residing in \_\_\_\_\_

My appointment expires \_\_\_\_\_



A crime against children or other persons is defined by the statute as:

*“...a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future”.*

A crime relating to financial exploitation is defined by statute as:

*“...conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.”*

If you are offered a position as a paid employee or volunteer with the District, the District may under RCW 43.43.832 and .834 submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided above. You will be notified within (10) ten days after a response is received from the State Patrol of the nature of the response and be provided a copy at your request. The District will use this information and record only to make the initial employment decision and for no other purpose.

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## EEOC Voluntary Self-Identification Form

This information sheet will be removed from your packet and kept separate and confidential.

The following information is requested for the Fire District to evaluate its hiring practices and to prepare reports required by the Equal Employment Opportunity Commission (EEOC). Completion of this data is voluntary and will NOT affect your opportunity for employment or terms or conditions of employment.

Clark County Fire & Rescue is an equal opportunity employer. In accordance with applicable laws and regulations, the Fire District does not discriminate and endeavors to treat all applicants fairly. If you feel that you have been treated unfairly, or discriminated against because of race, religion, color, national origin, gender, age, marital status, sexual orientation or disability, please contact the Fire Chief.

**NAME:** \_\_\_\_\_ **POSITION APPLYING FOR:** \_\_\_\_\_

**GENDER:**  Female or  Male **DATE OF BIRTH:** \_\_\_\_\_ Example: 9/01/1970

### RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Signature:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_

PLEASE RETURN FORM WITH YOUR APPLICATION

Thank you for your participation!