

RIVERSIDE FIRE RESCUE

PIERCE COUNTY FIRE PROTECTION DISTRICT No. 14
4114 56TH AVE E PUYALLUP, WA 98371 – (253) 922-5644
EMAIL: INFO@PIERCEFIRE14.ORG

POSITION APPLYING FOR _____ DATE OF APPLICATION _____

HOW DID YOU LEARN OF THIS POSITION? () BILLBOARD () FRIEND/RELATIVE
() FACEBOOK () CRAIGSLIST () RECRUITMENT ACTIVITY () OTHER: _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

HOME PHONE () _____ CELL () _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

CITY/STATE _____ CELL/HOME () _____

MILITARY EXPERIENCE:

WERE YOU IN THE U.S. ARMED SERVICES? () YES () NO

WHAT BRANCH? _____

DATES OF DUTY: FROM: _____ TO: _____

RANK AT SEPARATION: _____

DUTIES IN THE MILITARY: _____

GENERAL INFORMATION:

ARE YOU WILLING TO UNDERGO A DOCTORS PHYSICAL? () YES () NO

ARE YOU WILLING TO UNDERGO A DRUG SCREEN? () YES () NO

DO YOU HAVE ANY MEDICAL PROBLEM THAT WOULD INHIBIT YOUR
JOB PERFORMANCE? () YES () NO

IF YES, PLEASE LIST: _____

HAVE YOU EVER BEEN CHARGED WITH ANY CRIMINAL OFFENSE? () YES () NO

IF YES, WHAT STATE: _____ DATE: _____ OFFENSE: _____

NATURE: _____

AN AFFIRMATIVE ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR
ACCEPTANCE

DO YOU AUTHORIZE RIVERSIDE FIRE & RESCUE TO INVESTIGATE
YOUR DRIVING RECORD? () YES () NO

DRIVERS LICENSE _____
STATE NUMBER DATE OF EXPIRATION

REFERENCES (FILL OUT COMPLETELY)

NAME: _____ OCCUPATION: _____

EMAIL: _____ PHONE NO. () _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____ OCCUPATION: _____

EMAIL: _____ PHONE NO. () _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____ OCCUPATION: _____

EMAIL: _____ PHONE NO. () _____

RELATIONSHIP: _____ YEARS KNOWN: _____

EMPLOYMENT EXPERIENCE

RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES FOR AT LEAST THE PAST FIVE YEARS. PLEASE INCLUDE PERIODS OF SELF-EMPLOYMENT AND U.S. MILITARY SERVICE.

EMPLOYERS NAME: _____ **FROM:** _____ **TO:** _____

SUPERVISOR: _____ **PHONE:** () _____

EMAIL: _____ **HOURS WORKED PER WEEK:** _____

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER () **YES** () **NO**

EMPLOYERS NAME: _____ **FROM:** _____ **TO:** _____

SUPERVISOR: _____ **PHONE:** () _____

EMAIL: _____ **HOURS WORKED PER WEEK:** _____

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER () **YES** () **NO**

EMPLOYERS NAME: _____ **FROM:** _____ **TO:** _____

SUPERVISOR: _____ **PHONE:** () _____

EMAIL: _____ **HOURS WORKED PER WEEK:** _____

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER () **YES** () **NO**

EMPLOYERS NAME: _____ FROM: _____ To: _____

SUPERVISOR: _____ PHONE: () _____

EMAIL: _____ HOURS WORKED PER WEEK: _____

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER () Yes () No

EDUCATION

HIGH SCHOOL: _____ **STATE** _____

COURSE OF STUDY: _____ YEAR COMPLETED _____

DEGREE, MAJOR, DIPLOMA _____

COLLEGE: _____ **STATE** _____

COURSE OF STUDY: _____ YEAR COMPLETED _____

DEGREE, MAJOR, DIPLOMA _____

GRADUATE SCHOOL: _____ **STATE** _____

COURSE OF STUDY: _____ YEAR COMPLETED _____

DEGREE, MAJOR, DIPLOMA _____

TRADE, BUS. OR OTHER: _____ **STATE** _____

COURSE OF STUDY: _____ YEAR COMPLETED _____

DEGREE, MAJOR, DIPLOMA _____

STATE ANY ADDITIONAL INFORMATION OR EXPERIENCE YOU FEEL MAY BE HELPFUL TO YOUR APPLICATION.

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(PLEASE READ CAREFULLY)

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT ANY MISREPRESENTATION OR OMISSION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISCHARGE. I AUTHORIZE MY CURRENT EMPLOYER(S) TO PROVIDE RIVERSIDE FIRE & RESCUE REPRESENTATIVES ANY INFORMATION REGARDING MY CURRENT OR FORMER EMPLOYMENT. I UNDERSTAND THAT SUCH INFORMATION MAY OR MAY NOT HELP APPLICATION FOR EMPLOYMENT WITH RIVERSIDE FIRE & RESCUE. I HEREBY RELEASE ANY CURRENT OR FORMER EMPLOYER, ITS AGENTS OR EMPLOYEES, FROM ANY AND ALL LIABILITY RESULTING FROM RELEASE OF SUCH INFORMATION. MY AUTHORIZATION TO CURRENT OR FORMER EMPLOYERS TO RELEASE INFORMATION AND MY WAIVER OF LIABILITY, WHICH ARE WRITTEN ABOVE ARE KNOWN, INTELLIGENT, AND VOLUNTARY ACTS. I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MUST PASS A PRE-EMPLOYMENT EXAM, WHICH INCLUDES A PHYSICAL TEST, MEDICAL EVALUATION, DRUG SCREENING, A BACKGROUND CHECK AND A DRIVING RECORD CHECK.

SIGNATURE OF APPLICANT: _____ DATE: _____

NOTICE: ALL APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE ACCEPTED FOR CONSIDERATION.