



NORTH WHATCOM FIRE AND RESCUE

SEMPER PARATUS

EMPLOYMENT APPLICATION

POSITION FOR WHICH YOU ARE APPLYING: _____

These instructions must be followed exactly. Fill out the application form completely. If questions are not applicable, enter "N/A". **DO NOT LEAVE QUESTIONS BLANK.** Be sure to sign the application when completed. North Whatcom Fire and Rescue does not discriminate on the basis of race, color, national origin, age or disability in employment or the provision of services. A resume will not be accepted in lieu of applications, unless specifically stated in the job notice.

*Hard copies can be mailed to NWFR, PO Box 286, Lynden WA 98264 or hand delivered to 1507 E Badger Rd.
Electronic copies can be emailed to kfreeman@nwfrs.com.*

PERSONAL INFORMATION

| | | | | | | | | | |
|-----------------------------------|--|--|--|-----------------------|-------------------------|------------|--|--------|--|
| Name (Last, First, MI): | | | | | Social Security Number: | | | | |
| Present Address: | | | | Email: | | | | | |
| City: | | State: | | Zip Code: | | Telephone: | | | |
| Permanent Address: | | | | | | | | | |
| City: | | State: | | Zip Code: | | Telephone: | | | |
| Are you 21 years of age or older? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Driver's License No.: | | | | State: | |

DESIRED EMPLOYMENT

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Date Available to Start: | | | | Are you willing to work hours other than 8:00-5:00? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, may we inquire of your employer? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever applied with North Whatcom Fire and Rescue before? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If so, when and what position did you apply for? | | | | | | | |
| Have you ever worked for a fire department before? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If so, when and what was your position? | | | | | | | |
| If yes, what was your reason for leaving the fire department? | | | | | | | |
| How did you learn about this position? | | | | | | | |

EDUCATION

| School Level | Name and Location of School | No. of Years Attended | Did you Graduate? | Subjects Studied |
|--------------------|-----------------------------|-----------------------|--|------------------|
| Elementary School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/University | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--------------|--|--|--|
| Trade School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------|--|--|--|

EMPLOYMENT RECORD

Feel free to make additional copies of this page if necessary.

| | | | | | | | | |
|---------------------------------------|--|--------|--|-------------------------|-------------|------------------------|-----------|--|
| Name of Present/Most Recent Employer: | | | | | | | | |
| Address: | | | | | Start Date: | | End Date: | |
| City: | | State: | | Zip Code: | | Telephone: | | |
| Job Title: | | | | Weekly Starting Salary: | | Weekly Leaving Salary: | | |
| Name of Supervisor: | | | | | Title: | | | |
| May we contact your supervisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Description of Work: | | | | | | | | |
| | | | | | | | | |
| Reason for Leaving: | | | | | | | | |

| | | | | | | | | |
|---------------------------------|--|--------|--|-------------------------|-------------|------------------------|-----------|--|
| Name of Previous Employer: | | | | | | | | |
| Address: | | | | | Start Date: | | End Date: | |
| City: | | State: | | Zip Code: | | Telephone: | | |
| Job Title: | | | | Weekly Starting Salary: | | Weekly Leaving Salary: | | |
| Name of Supervisor: | | | | | Title: | | | |
| May we contact your supervisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Description of Work: | | | | | | | | |
| | | | | | | | | |
| Reason for Leaving: | | | | | | | | |

| | | | | | | | | |
|---------------------------------|--|--------|--|-------------------------|-------------|------------------------|-----------|--|
| Name of Previous Employer: | | | | | | | | |
| Address: | | | | | Start Date: | | End Date: | |
| City: | | State: | | Zip Code: | | Telephone: | | |
| Job Title: | | | | Weekly Starting Salary: | | Weekly Leaving Salary: | | |
| Name of Supervisor: | | | | | Title: | | | |
| May we contact your supervisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Description of Work: | | | | | | | | |
| | | | | | | | | |
| Reason for Leaving: | | | | | | | | |

REFERENCES

Please provide the names of four persons who are not related to you and whom you have known for at least one year.

| Name | Address | Business | Years Acquainted | Phone Number |
|------|---------|----------|------------------|--------------|
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CERTIFICATES, LICENSES, PROFESSIONAL ASSOCIATIONS

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GENERAL INFORMATION

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|--|--|
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain. <i>(This will not necessarily exclude you from consideration):</i> | |
| | |
| Are you a U.S. citizen, or if not, are you eligible for legal employment in the United States? <i>If employed, proof of identity and legal right to work in the United States will be required.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been discharged/fired or requested to resign from a position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: | |
| | |
| Are there time lapses between jobs you held which are not explained on the application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: | |
| | |
| In your previous employment, have you had issues with any of the following: | |
| • Excessive absenteeism, tardiness, failure to notify your employer when absent, or other attendance problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Sexual harassment, fighting, assaultive behavior, or other related offenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Violating state, federal, or employer safety rules? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to any of the above, please explain: | |
| | |
| List any other names by which you may be known: | |
| Please explain any differences in name: | |

