



Whatcom County Fire District #1

Please return completed form by:

Mail: P.O. Box 454 Everson, WA 98247

In Person: 101 E Main St. Everson, WA 98247

Email: district1@wcfdl.org

Applicants should be at least 18 years of age. Each applicant is checked for any possible criminal history. Applicants with an arrest or conviction in their past, are reviewed on a case-to-case basis. The type of offense is considered as well as how long ago the event occurred and the age of the applicant at the time. Once an applicant has been through the interview process and is approved for employment, they must first pass an extensive medical exam, which is paid for by the district. All new hires are placed on a probationary status for at least one year or until they have completed their probationary book. This also includes obtaining an Emergency Medical Technician (EMT) certificate and Firefighter I certificate.

Applications are typically processed twice a year, in timing with the EMT class and Fire Academy. Applications may be processed upon receipt if the applicant has already obtained their EMT and Firefighter I certifications prior to applying.

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

1. A background check for any arrests, convictions, or citations.
2. An interview with employed personnel.
3. An interview with the Fire Chief (s)
4. Positive completion of the physical exam and negative drug screening.

If you have any 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.

Date: _____

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B.
Street Address			Apt/Unit #
City	State	ZIP	
Mailing Address (if different from above)			
Home Phone		Cell Phone	
Email		Social Security #	
Are you a citizen of the United States? YES_____ NO_____			
If no, are you authorized to work in the U.S.? YES_____ NO_____			
EMERGENCY CONTACT INFORMATION			
Emergency Contact		Relation	
Home Phone		Work Phone	
PREVIOUS RESIDENCES			
Please list your residences for the past 10 years, starting with the most recent. Use a separate sheet of paper if necessary.			
Address		Dates	
EDUCATION			
High School		Address	
Dates attended	Did you Graduate? YES_____ NO_____	Degree	

College		Address	
Dates attended	Did you Graduate? YES _____ NO _____	Degree	
Other		Address	
Dates attended	Did you Graduate? YES _____ NO _____	Degree	
Have you ever been suspended or expelled from any high school or post-secondary school? YES _____ NO _____			
If yes, please explain. Include the school's name, date, and circumstances:			
EXPERIENCE AND TRAINING			
Do you have any fire service or emergency medical experience? YES _____ NO _____			
List any experience or training that directly relates to the job or provide resume:			
Do you have any certificates in EMS or Fire? YES _____ NO _____			
If yes, please list each certificate, including license # and expiration date (if applicable)			
Do you have any physical conditions that would affect your ability to perform the strenuous duties of firefighting?			
Are there any times that you would be unavailable to respond to calls?			

EMPLOYMENT

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

Employer	Dates	Supervisor	Contact #

Have you ever been terminated from employment? YES_____ NO_____

If yes, please explain:

DRIVING HISTORY/STATUS

Do you currently have a Washington State Driver's License? YES_____ NO_____

Driver License #	State	Expiration Date
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Has your license or privilege to drive ever been suspended or revoked? YES_____ NO_____

If yes to the previous question, please explain:

Please list below 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:

CRIMINAL HISTORY

Have you ever been convicted of a felony? YES_____ NO_____

If yes to the previous question, please explain:

Have you ever been arrested? YES_____ NO_____		
If yes to the previous question, please list the offense 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 offenses, such as shoplifting, driving on a suspended license, etc. If you need more space, use a separate sheet of paper.		
Offense:	Agency:	Date:
DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
Signature		Date

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company– To be completed by the company or the agent of the company

PRINT or TYPE Company name Whatcom County Fire District #1	
Agent company name (if applicable) Pinnacle Investigations	
Company/Agent company address P.O. Box 454 Everson, WA 98247	
Authorized representative name Rachel Carlson	Title Fire Chief
Answer the following 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____ Date and place signed	<div style="text-align: center;"> X Authorized representative signs here. _____ Authorized representative signature </div>

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from <input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Whatcom County Fire District #1		
Employer agent company name if acting on behalf of the company for employment purposes Pinnacle Investigations		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> X Please sign here. _____ Signature </div> <div> _____ Date </div> </div>		