

**JOB APPLICATION**

**CLARK COUNTY FIRE DISTRICT 6**

8800 NE Hazel Dell Avenue, Vancouver, WA 98665

360-576-1195

CLARK COUNTY FIRE DISTRICT 6 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

**Applicant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Employment Position**

Position Applied for: Maintenance Worker (part time)

How did you hear about his position? \_\_\_\_\_

On what date can you start if hired? \_\_\_\_\_

**Personal Information**

Are you 18 year of age or older? Yes No

Are you a U.S. Citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_

Will you consent to a mandatory controlled substance test? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes No

If yes, please state the nature of the crime(s), when and where and disposition of the case:

\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

---

---

---

---

---

*(Note: CLARK COUNTY FIRE DISTRICT 6 complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocation School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

---

---

**Previous Employment**

Employer Name: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employment (cont)**

Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References**

Please provide 3 personal and professional references below:

Name	Contact Information

**AT-WILL EMPLOYMENT**

*The relationship between you and CLARK COUNTY FIRE DISTRICT 6 is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or CLARK COUNTY FIRE DISTRICT 6. No representative of CLARK COUNTY FIRE DISTRICT 6 has authority to enter into any agreement contrary to the forgoing "employment at will" relationship. You understand that your employment is "at will" and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our Fire Chief.*

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