

CLARK COUNTY FIRE DISTRICT #6
8800 NE Hazel Dell Avenue
Vancouver, Washington 98665
(360) 576-1195

1. Full name

Last	First	Middle
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2. Home Phone _____ Work Phone _____

3. Home Address

Number	Street	City	State	Zip
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4. How many years have you lived at this address? _____ Years _____ Months

5. Education

Name and Location of High School: _____

Did you graduate? _____ Yes _____ No Year _____

If not, have you passed a GED Test? _____ Yes _____ No

College Attended: _____

Dates Attended: _____

_____ Full Time _____ Part Time Major _____

Date of Degree _____ Type of Degree _____

Other Courses and Training

List Name of Institution, Location, Length of Course, Date

6. Have you ever been convicted of any felony violation of the law?

Yes _____ No _____ If yes, supply complete information below.

I hereby certify that this application contains no willful misrepresentation or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my name will be removed from the register, or I will be dismissed from service.

Date _____

Signature of Applicant

WORK EXPERIENCE

Begin with your present or most recent employment. List in reverse order all of your work history. Under "Specific Duties" describe your job responsibilities including kind of work; supervisory, technical, or other responsibilities. Be complete and specific, part of your rating may be based on the information you give below. Attach additional sheets if needed.

Employing Firm _____ Phone _____

Address _____

Your Title _____ Supervisor _____

Employed From _____ To _____ Years _____ Months _____

Full Time _____ Yes _____ No Starting Salary _____ Last Salary _____

Specific Duties:

Employing Firm _____ Phone _____

Address _____

Your Title _____ Supervisor _____

Employed From _____ To _____ Years _____ Months _____

Full Time _____ Yes _____ No Starting Salary _____ Last Salary _____

Specific Duties:

Employing Firm _____ Phone _____

Address _____

Your Title _____ Supervisor _____

Employed From _____ To _____ Years _____ Months _____

Full Time _____ Yes _____ No _____ Starting Salary _____ Last Salary _____

Specific Duties:

Employing Firm _____ Phone _____

Address _____

Your Title _____ Supervisor _____

Employed From _____ To _____ Years _____ Months _____

Full Time _____ Yes _____ No _____ Starting Salary _____ Last Salary _____

Specific Duties:

If you are selected to participate in the final interview process additional information will be required for a complete background check. Applicants will also have to pass a controlled substance screening.

This section is for use in checking Motor Vehicle Department records. List residence addresses for the least five (5) years. Begin with your current address and work back. Indicate approximate dates at each address.

Address	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

References: List 4, Non-relatives or Former Employers

Name: _____
Occupation: _____
Address: _____
Phone: _____

Name: _____
Occupation: _____
Address: _____
Phone: _____

Name: _____
Occupation: _____
Address: _____
Phone: _____

Name: _____
Occupation: _____
Address: _____
Phone: _____