

# CITY OF COSMOPOLIS FIRE DEPARTMENT

## VOLUNTEER FIREFIGHTER, EMERGENCY MEDICAL SERVICES & SUPPORT SERVICES APPLICATION

Please read all instructions carefully. Fill in all forms completely and legibly. Failure to provide all information requested may delay the application process. All information provided will be held in the strictest confidence.

### POSITION APPLYING FOR

FIREFIGHTER  EMERGENCY MEDICAL SERVICES  SUPPORT SERVICES

DATE:

### PERSONAL INFORMATION

NAME (Last, First, MI)

DATE OF BIRTH

MAILING ADDRESS

SSN

CITY

STATE

ZIP CODE

HOME NUMBER

### ADDITIONAL CONTACT INFORMATION

WORK PHONE

E-MAIL ADDRESS

MOBILE PHONE

OTHER (specify)

### EMERGENCY CONTACT

NAME

RELATIONSHIP

ADDRESS

PHONE

### WASHINGTON STATE DRIVERS LICENSE

NUMBER

EXPIRATION DATE

ENDORSEMENTS

RESTRICTIONS

### PREVIOUS FIREFIGHTING or EMERGENCY MEDICAL SERVICES EXPERIENCE

HAVE YOU EVER BEEN AN EMPLOYEE OF THE CITY OF COSMOPOLIS, OR AN APPLICANT OR MEMBER OF THE COSMOPOLIS FIRE DEPARTMENT OR ANY OTHER FIRE/EMS AGENCY?

YES  NO

IF YES, PLEASE ATTACH ADDITIONAL INFORMATION ON AN ADDITIONAL PAGE.

### ARMED FORCES EXPERIENCE

BRANCH

RANK AT DISCHARGE

TYPE OF DISCHARGE

DATES OF SERVICE (from)

DATE OF DISCHARGE

## SPECIAL ACCOMODATION

DO YOU HAVE ANY PHYSICAL, SENSORY OR MENTAL LIMITATIONS WHICH WOULD PREVENT YOU FROM PERFORMING THE FUNCTIONS OF THE POSITION YOU ARE APPLYING FOR?

YES  NO

IF YES, PLEASE ATTACH ADDITIONAL INFORMATION ON AN ADDITIONAL PAGE.

## CRIMINAL RECORD

DURING THE PAST 7 YEARS, HAVE YOU BEEN CONVICTED OF ANY CRIME?

YES  NO

IF YES, PLEASE ATTACH ADDITIONAL INFORMATION ON AN ADDITIONAL PAGE.

## EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? IF YES, PROVIDE THE FOLLOWING:

YES  NO

SCHOOL NAME

YEAR GRADUATED

IF NO, SELECT THE HIGHEST GRADE COMPLETED

10

11

12

GED COMPLETED? YEAR AND LOCATION

ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (USE ADDITIONAL PAGES IF NECESSARY)

Name of School	City, State	Dates Attended		Major or Certificate	Degree (Yes/No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

## PREVIOUS TRAINING

ENTER BELOW ALL FIREFIGHTER, EMS OR OTHER APPLICABLE TRAINING (USE ADDITIONAL PAGES IF NECESSARY)

Type of Certification	Date(s) Received	Expiration Date	Jurisdiction in which received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ATTACHMENTS

PLEASE ATTACH TO THE BACK OF THIS APPLICATION, PHOTOCOPIES OF THE FOLLOWING:

- Your Drivers License
- Your Social Security Card
- Any Certification Cards or Certificates
- Your 5 Year Driving History Abstract (available at Washington Department of Licensing)
- Any additional requested information

## REFERENCES

### PLEASE PROVIDE 3 PERSONAL REFERENCES

The City of Cosmopolis Fire Department will contact each of these references by telephone. These person(s) should not be related to you, but should be able to comment on your education, work experience, character, and/or community service involvement.

Name	Telephone Number	Occupation/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## SIGNATURE

I hereby certify that all the information provided in this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department. I authorize the Cosmopolis Fire Department representatives to contact by telephone or personal interview or in writing the persons listed as referenced on this application and to confidentially gather and maintain their evaluations of me with respect to my character and fitness for the position in which I am applying. In consideration of being considered for probationary membership by the city of Cosmopolis Fire Department, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the references contacted and Cosmopolis Fire Department and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded.

Signature

Date