



# West Thurston Regional Fire Authority

“Serving Better Together”

- 10828 Littlerock RD. SW, Olympia WA 98512    <http://www.wtrfa.org>
- Ph: (360) 352-1614    Fax: (360) 352-1696

PERSONAL DATA	POSITION APPLYING FOR				
	NAME			WORK PHONE	HOME/CELL PHONE
	ADDRESS			D.O.B	SOCIAL SECURITY NUMBER
	CITY	STATE	ZIP	DRIVERS LICENSE NUMBER	EMAIL ADDRESS
	Do you have any conditions which would prevent you from performing in this position? <b>Yes</b> <b>No</b>				
	If yes, what accommodations would you need, if any, to assist you in performing your duties? (please attach)				

EDUCATION	NAME OF SCHOOL, UNIVERSITY OR VOCATIONAL SCHOOL	DEGREE	DATES ATTENDED FROM/TO	MAJOR	GPA
E	HIGH SCHOOL				
D	COLLEGE				
U	COLLEGE				
C	OTHER				
A	OTHER				

EMPLOYMENT HISTORY	List your work experience for the last 10 years including self employment, military service and periods of unemployment. Attach additional sheets if necessary			
	MOST RECENT EMPLOYER		PHONE	FROM-TO
	ADDRESS		HOURS WORKED	
	TITLE/POSITION		IMMEDIATE SUPERVISOR	
	JOB DESCRIPTION			
	REASON FOR LEAVING			
	EMPLOYER		PHONE	FROM-TO
	ADDRESS		HOURS WORKED	
	TITLE/POSITION		IMMEDIATE SUPERVISOR	
	JOB DESCRIPTION			
	REASON FOR LEAVING			
	EMPLOYER		PHONE	FROM-TO
	ADDRESS		HOURS WORKED	
	TITLE/POSITION		IMMEDIATE SUPERVISOR	
	JOB DESCRIPTION			
	REASON FOR LEAVING			

For internal use only:  
 Date received: \_\_\_\_\_ By: \_\_\_\_\_ Followed up: \_\_\_\_\_ By: \_\_\_\_\_

List any organizations for which you have volunteered		
VOLUNTEER ORGANIZATION	PHONE	FROM-TO
ADDRESS	HOURS WORKED	
TITLE/POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		
VOLUNTEER ORGANIZATION	PHONE	FROM-TO
ADDRESS	HOURS WORKED	
TITLE/POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		
VOLUNTEER ORGANIZATION	PHONE	FROM-TO
ADDRESS	HOURS WORKED	
TITLE/POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		

CERTIFICATES	EXPIRATION DATE	SKILLS
<i>(not used)</i>	HOW MANY YEARS OF COMPUTER EXPERIENCE DO YOU HAVE?	
ON WHAT COMPUTER SOFTWARE ARE YOU PROFICIENT?		
OTHER RELATED EXPERIENCE		

List names and telephone numbers of three business/work references who are <i>not</i> related to you, and are <i>not</i> previous supervisors. If not applicable, list three school or personal references who are not related to you.				
NAME	TITLE	RELATIONSHIP	PHONE	YEARS KNOWN

PRIMARY AND SECONDARY EMERGENCY CONTACTS		
PRIMARY NAME	RELATIONSHIP	PHONE NUMBER
SECONDARY NAME	RELATIONSHIP	PHONE NUMBER

A  
G  
R  
E  
E  
M  
E  
N  
T

I hereby certify, under the penalty of perjury in the state of Washington, that this application contains no willful misrepresentation and that the information given 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 may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current and former employers and all schools or educational and technical institutions which I have attended to provide Fire Department representatives any information regarding my current and former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against West Thurston Regional Fire Authority for relying on any information from my prior employers. I am willing to submit to a pre-employment physical examination if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

**I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED.**

**X**

**Date:**