



Pend Oreille County Fire District No. 5

Pride • Courage • Honor • Dedication

406722 Highway 20, - Cusick, Washington 99119 - phone: (509)-671-2286

Membership Application

Position(s) Applying For:

Support Staff
 Firefighter
 Emergency Medical Services
 Junior

Instructions: Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Attach a blank piece of paper if you do not have enough room on this application. Please **PRINT** all information and **SIGN** the back of this application in ink only. All information you give on this application will be held in the strictest of confidence.

Personal Data:

Last Name	First Name	Middle Name
-----------	------------	-------------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Physical Address	City	State	Zip Code
()	()	()	()

Home Phone	Cell Phone	Message Phone
------------	------------	---------------

Email Address

Emergency Contact	Relationship	Phone
		()

Social Security Number	DOB
------------------------	-----

Valid Driver's License Number	State	Endorsements
-------------------------------	-------	--------------

Education & Training:

Diploma/Degree

Yes No

High School

Location

Diploma/Degree

Yes No

College/Trade School

Location

Course of Study

Describe any specialized training, apprenticeships, licenses or skills you have received/earned: _____

Do you a Teaching Certificate? Yes No

Have you received Firefighter training in the past? Yes No Date: _____

If yes, please explain: _____

Are you an NFPA Instructor? Yes No

Have you received EMS training in the past? Yes No Date: _____

If yes, please explain: _____

Are you an OTEP or SCI Instructor? Yes No

Are you currently a licensed Emergency Medical Responder? Yes No

If yes, what level? EMR EMT AEMT Paramedic

State: _____ License #: _____

NREMT? Yes No Certification #: _____

Work & References:

	()
Employer	Phone

Are you able to leave work for emergency calls? Yes No

Your references must have personally known you for at least 3 years.

		()
Reference	Occupation	Phone
		()
Reference	Occupation	Phone
		()
Reference	Occupation	Phone

When are you available for membership? _____

List any special accommodations needed to perform job duties: _____

Have you been convicted of any violations of the law? Yes No

If yes, please explain: _____

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of the discovery, including after hire.

In consideration for employment with Pend Oreille County Fire Protection District #5 (hereinafter referred to as POFD5), if employed, I agree to comply with the current and amended rules, regulations, policies and procedures of POFD5 at all times and understand that such compliance is a condition of employment.

I understand that if offered a position with POFD5, I may be required to submit to a pre-employment drug screen and a medical examination performed by a qualified health professional. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug screen or medical examination may result in the withdrawal of any employment offer or termination of employment if already employed.

I understand that a comprehensive background investigation may be conducted as part of the employment process. I hereby authorize any and all schools, employers, references, courts and any others who have information about me to provide such information to POFD5 and/or any of its representatives, and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that all offers of employment are contingent upon the district’s satisfaction with the results of the background investigation.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

X

Signature

Date

I, _____ as Parent or legal Guardian of _____
Do hereby give permission for my child to participate in the Pend Oreille County Fire District #5’s Junior Firefighter program.

X

Parent / Legal Guardian Signature

Date

Pend Oreille County Fire Protection District #5 is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

FOR OFFICE USE ONLY

Passed:

Background _____
Physical _____
References _____
Driving _____

Assigned:

Firefighter _____
Support _____
Medical _____

Station: _____

EMS Number: _____

Approved:

X

Fire Chief Date

X

District Secretary Date

X

Chairman Date

X

Commissioner Date

Commissioner

Date