

NORTH KITSAP ***FIRE & RESCUE***

APPLICATION FOR EMPLOYMENT

Position Applied For:		Date of Application:	
Name of Applicant (First, Middle, Last):			
Mailing Address:			
Physical Address: (If different than mailing):			
How long at present address:		Message/Cell Phone Number:	
E-mail:			
How did you learn about this position? (If by employee referral, please specify name)			
BACKGROUND			
Applicants must be 18 years of age at the time of application. Are you at least 18 years of age?		Yes	No
Do you have a valid Driver License?		Yes	No

CERTIFICATIONS: List any certifications relevant to the position for which you are applying. (Attach additional pages if necessary)			
Certification	Agency	Certification Number	Expiration Date

North Kitsap Fire & Rescue is an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination of race, color, religion, creed, gender, sexual orientation, national origin, ancestry, age, disability, marital status, honorably discharged veteran or military status, genetic information, or any other legally protected classification. Contact Katie Patti, Director of Administrative Services aphr@nkfr.org for accommodation requests.

WORK EXPERIENCE

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

WORK EXPERIENCE Continued			
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		May we contact this employer? Yes No Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

EDUCATION	High School	College/University	Graduate or Professional
School Name:			
Diploma or Degree (list degree received):			
Course of study:			
Briefly describe any specialized training, skills, licenses, etc.			

If not a high school graduate, do you have a certificate of equivalence? (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date received certificate: _____

MILITARY RECORD (Have you ever served in the Armed Forces?) If so, please answer the following:	
Your current military status? Active <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	
Branch of Service:	Highest rank attained:
Type of discharge:	Date and location of discharge:
List any disciplinary action taken against you while in the military:	
REFERENCES: Please provide names of four individuals other than former employers and relatives who have known you for at least three (3) years and who have knowledge of your character, experience, and abilities.	
1.	Name: _____ Number of years known: _____ City, State, Zip: _____ Phone number: _____
	2.
2.	Name: _____ Number of years known: _____ City, State, Zip: _____ Phone number: _____
	3.
3.	Name: _____ Number of years known: _____ City, State, Zip: _____ Phone number: _____
	4.
4.	Name: _____ Number of years known: _____ City, State, Zip: _____ Phone number: _____

Use the space below for any additional comments:

"I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal.

I understand that neither the acceptance of this application by the District nor any statements contained in any material distributed by the District, nor any statements made by representatives of the District confer or create any contractual rights of employment."

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Date Application Received:

Rec'd by (initial):

Time Received (if applicable):