

# **Application**

Position Applied For:	Date o	Date of Application:	
Name Of Applicant (First, Middle, Last):			
Mailing Address:	Physical Addre	SS:	
Home Phone Number:	one Number: Message/Cell Phone Number:		nber:
How long have you lived at your present address?	mail address		
Social Security Number:*	Birth date:*		US Citizen Y or N *
Driver's License Number:*	State:	Expiration	on Date:
Persons To Contact In Case Of Emergency:			
Name:	Relation	ship:	<u> </u>
Address:	Phone N	lumber:	
Name:	Relation	ship:	
Address:	Phone N	lumber:	<u> </u>
Name Of Personal Physician:	Phone N	lumber:	-
How did you learn about this position? Please explain:			
Identify any special specific training you have for the Pos	ition. (Attach a	additional s	heets if necessary)

\* Under Federal Law, an individual is not required to fill out this information prior to acceptance, it can only be provided on a voluntary basis until the time of acceptance. This information is requested only to expedite the application process. (If information provided please initial here\_\_\_\_)

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

	High School	Coll	ege/University	Graduate or Professional
School name				
Degree/diploma				
Course of study				
Describe any specialized training, skills, licenses, or certifications				
If not a high school graduate,	do you have a certificate	e of equivalence?	(GED)	Yes No
If yes, date received certificate		-		
Indicate any foreign language	s you speak, read, and/o	r write:		
MILITARY RECORD (Ha				
Your current military status?	Active	Retired	Reserve	National Guard
Branch of service?		Highest rank	attained?	
Type of discharge:		Date and loca	ntion of discharge	:
List any disciplinary action to	aken against you while	in the military:		· .
				<u> </u>
REFERENCES: Please proknown you for at least three (				
Name:	by yours und who have		of years person h	
Address:		Phone nu	ımber:	-
Name:		Number	of years person ha	as known you:
Address:		Phone nu	ımber:	
Name:		Number	of years person ha	as known you:
Address:		Phone nu	ımber:	

Additional Comments you may want to make:	
given is true and complete to the best of my knowledg of facts called for in this application may subject me t I understand that neither the acceptance of this appli	representations or falsifications and that the information re and belief. I understand misrepresentation or omission to disqualification or dismissal.  cation by the District nor any statements contained in any is made by representatives of the District confer or create
Signature of Applicant:	Date:
DO NOT WRITE BEL	OW THIS LINE
Date of initial contact:	Date of Initial screening:
Date scheduled for recruit academy:	Date processed by office:
Effective, this applicant has success	sfully completed the application process.
Chief Officer's Signature:	Date:
Data Laft Danartmant	
Date Left Department:	
Date Left Department:  Reason For Leaving:	
Reason For Leaving:	
Reason For Leaving:	

## APPLICANT DISCLOSURE FORM

**PURSUANT TO RCW 43.43.834(2)** 

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1.	Have you ever been convicted of any crimes against persons as defined in the RCW and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree rape; first second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?			
	Yes No If yes, explain:			
2.	Have you ever been found in any dependency action under RC physically assaulted or exploited any minor or to have physical and the h			
	Yes No If yes, explain:			
3.	Have you ever been found by a court in a domestic relations proc to have sexually abused or exploited any minor or to have physica Yes No If yes, explain :	lly abused any minor?		
4.	Have you ever been found in any disciplinary board final decision exploited any minor or to have physically abused any minor?	to have sexually abused or		
	Yes No If yes, explain:			
	I certify under penalty of perjury under the laws of the State of foregoing is true and correct.	Washington that the		
	Print gnature:	Date		
	Print gnature:	Date		
ت		<del></del>		

#### WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish North Kitsap Fire & Rescue with any and all information that you have concerning me in regards to my work record, reputation, medical records, psychological testing analysis and recommendation, military service records, financial status, and any criminal history. Information of a confidential or privileged nature may be included.

Your reply will be used to assist the Fire Department in determining my qualifications and fitness for the position I am seeking with the Department. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that the information will be used by the Department in conjunction with application screening procedures.

I hereby release you, your organization, and others from any liability or damage that may result from furnishing the information requested.

# This authorization expires six months from the applicants date of signature

You are required to sign this waiver form in the presence of a notary public to receive their signature and seal		
Applicant's printed name	***	
Applicant's Signature	Date	
Subscribed and swom to before me this day of		
Notary Public in and for the State of Washington		
My appointment expires:		

### **EXAMINATION PROCESS WAIVER AND RELEASE**

The undersigned, an applicant for the position of Volunteer Resident Firefighter with North Kitsap Fire & Rescue, does hereby release said Fire District, its agents, officers and employees from any responsibility or liability for any injury suffered by the undersigned in taking any test or examination in connection with the application for said position.

Applicant:	Print	Social Security Number:
Signature:		Date:
Witnessed:	Signature	Date: