



South Pierce Fire and Rescue

5403 340th Street East
Eatonville, WA 98328
HQ (253) 847-4333
FAX (253) 262-3182



Entry-Level Firefighter/Paramedic Application

Applicant Information

**Application must be completely filled out. Print or type an answer to every question. If a question does not apply to you, print or type "N/A". DO NOT OMIT OR INCORRECTLY STATE MATERIAL FACTS. The statements made on this application are subject to verification.*

Full Name: _____ Date: _____
Last Name First Name Middle Initial

Date of Birth: _____ SSN: _____

Driver's License Number: _____

Full Address: _____
Street Address City State ZIP

Mailing address: _____
Street Address City State ZIP

Phone: _____ Email: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for South Pierce Fire and Rescue? Yes No
If yes, when?

Have you ever been convicted of a felony? Yes No
If yes, explain:

Do you have traffic infractions (other than parking tickets) on your driving record? Yes No
If yes, please list details:

Date	City, State	Infraction/Disposition
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Job skills/qualifications:

please list below the skills & qualifications you possess for the position for which you are applying:

Education

High school:

Address:

Street Address

City

State

ZIP

From:

To:

Did you graduate? Yes No

College:

Address:

Street Address

City

State

ZIP

From:

To:

Did you graduate? Yes No Degree:

Other:

Address:

Street Address

City

State

ZIP

From:

To:

Did you Graduate? Yes No Degree:

Previous Employment

Company: _____ Phone: _____

Address: _____
Street Address City State ZIP

Job Title: _____ Supervisor: _____

Responsibilities:

From: _____ To: _____

Reason For leaving:

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____
Street Address City State ZIP

Job Title: _____ Supervisor: _____

Responsibilities:

From: _____ To: _____

Reason for leaving:

May we contact your previous supervisor for a reference? Yes No

Company:

Phone:

Address:

Street Address

City

State

ZIP

Job Title:

Responsibilities:

From:

To:

Reason for leaving:

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

References

Full Name:

Relationship:

Company:

Phone:

Address:

Street Address

City

State

ZIP

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street Address City State ZIP

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street Address City State ZIP

Certifications & Licenses

Are you IFSAC (International Fire Service Accreditation Congress) Certified?

Yes No

Are you NREMT (National Registry Paramedic Accreditation Policy) Certified?

Yes No

Are you classified as:

FF1 FF2

Please list all other relevant certifications and licenses below:

Additional Information & Remarks

Why are you a good candidate for the position you are applying for at South Pierce Fire & Rescue?

Have you ever been rejected for a position with any other fire department or law enforcement agency? Yes No

If yes, please give details (including department):

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Street Address City State ZIP

Phone: _____

Disclaimer and Signature

DECLARATION: I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the above entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains misrepresentations, falsifications, or if any material information has been omitted.

Signature: _____ Date: _____