



South Pierce Fire & Rescue

Administrative and Accounting Support Specialist

Application Packet Checklist

- Copy of your Social Security Card
- Copy of your High School Diploma or GED
- Copy of your current Driver's License
- Abstract of Driving Record
(submit a copy of your Employment Driving Record from your local DOL or <https://www.dol.wa.gov/driverslicense/requestyourrecord.html>)
- Completed, signed application, cover letter, and resume
- Send completed, signed application, cover letter, and resume to jobs@spfr.org



Application for Employment

Position Applied For:

Administrative and Accounting Support Specialist

129 Mashell Ave N,
Eatonville, WA 98328
PH: (253)847-4333

Full Name			
Street	City	State	Zip
Cell Phone			

E-mail Address			

Do you possess a valid Driver's License? Yes No DL# _____ State _____

Do you certify that you are 18 years of age or older? Yes No

Do you claim veteran's preference? Yes No Did you retire from military service? Yes No

If claiming veteran's preference, attach a copy of your DD214.

Have you ever used veteran's preference to obtain employment? Yes No

Please refer to RCW 41.04.010 Veteran's scoring criteria status and RCW 41.04.005 "Veteran" defined for certain purposes. Veteran's preference may be claimed if you received a discharge under honorable conditions.

Education	Name/Location of School	Major	Diploma/Degree	Yr. Grad
High School				
College/Univ.				
Vocational				
Other				

List other training, education, certificates, licenses, or experiences you consider relevant to the position applied for:

Do you have any physical limitation that would require reasonable accommodation to perform the requisite element of the position applied for? Yes No If yes, please explain the nature of the limitation:

Begin with your present employer or most recent employment position. Attach a resume. Resume will not be accepted in lieu of a completed work history as requested above.

From: MO/YR	To: MO/YR	Employer Name, Address, Phone:
Job Title:		Primary Duties:
Name/Title of Supervisor:		
Reason for Leaving:		
From: MO/YR	To: MO/YR	Employer Name, Address, Phone:
Job Title:		Primary Duties:
Name/Title of Supervisor:		
Reason for Leaving:		
From: MO/YR	To: MO/YR	Employer Name, Address, Phone:
Job Title:		Primary Duties:
Name/Title of Supervisor:		
Reason for Leaving:		

Provide no less than two private contacts for background and character reference checking. The listed references may not be relatives and should be persons who have known you for at least two years.

1.	_____	_____	_____	_____
	Reference Name	Address	Phone No.	Association
2.	_____	_____	_____	_____
	Reference Name	Address	Phone No.	Association
3.	_____	_____	_____	_____
	Reference Name	Address	Phone No.	Association

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 understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I authorize my previous employers and all schools or education and technical institutions which I have attended to furnish South Pierce Fire & Rescue my records, reasons for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees and South Pierce Fire & Rescue from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statement in this application.

Applicant Signature

Date