



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
- ☐ Copy of your DD214 (If claiming veteran's preference)
- ☐ 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



Application for Employment

Position Applied For:

Administrative and Accounting Support Specialist

129 Mashell Ave N
Eatonville, WA 98328
Phone: 253-847-8811

Name

Street

City

State

Zip

Home Phone

Cell/Message 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 Veterans' 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 experience you consider relevant to the position applied for: _____

Have you any physical limitation that would require reasonable accommodation to perform the requisite elements 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 | Employers Name, Address, Phone: |
| Job Title: | | |
| Name/Title of Supervisor: | | Primary Duties: _____ _____ |
| Reason for leaving: | | |
| From: Mo/YR | To: Mo/YR | Employers Name, Address, Phone: |
| Job Title: | | |
| Name/Title of Supervisor: | | Primary Duties: _____ _____ |
| Reason for leaving: | | |
| From: Mo/YR | To: Mo/YR | Employers Name, Address, Phone: |
| Job Title: | | |
| Name/Title of Supervisor: | | Primary Duties: _____ _____ |
| 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 educational 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 _____