**South Pierce Fire & Rescue**129 Mashell Ave N   
P.O. Box 898Eatonville, WA 98328HQ (253) 847-4333FAX (253) 262-3182

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**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.*

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| 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?

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

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

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Date City, State Infraction/Disposition

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

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**Education**

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| 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**

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| --- |
| 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 |

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| 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 |

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| --- |
| 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**

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| Branch: From: To: |
| Rank at Discharge: Type of Discharge: |
| If other than honorable, explain:   |  | | --- | |  | |  | |  | |

**References**

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| Full Name: Relationship: |
| Company: Phone: |
| Address: |

Street Address City State ZIP

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| --- |
| Full Name: Relationship: |
| Company: Phone: |
| Address: |

Street Address City State ZIP

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| --- |
| 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:*

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**Additional Information & Remarks**

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

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*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):*

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**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 be me are true, complete and correct to the best of my knowledge and belied 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: