

residents, visitors and/or guests. The results of such testing will be communicated to YCFD 12 or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the U.S.A.

If employed, I agree to abide by Yakima County Fire District 12 rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by YCFD 12 or myself, without notice and/or without cause.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract. As the Applicant named above, I authorize YCFD 12 and/or its agents to:

1. Obtain verification of information provided by me in this employment application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education all records, conduct, and skills.
5. Obtain a consumer credit report in conjunction with my application for employment.

The information obtained will in no way be used in violation of any federal or state equal employment opportunity law or regulation. I further authorize all institution, agencies, companies, or persons referred to above, to give Yakima County Fire District 12 and/or its agents all information requested. I release YCFD 12, its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.

A copy of this authorization and release shall be as valid as the original.

APPLICANT'S SIGNATURE: _____

DATE: _____

DRIVERS LICENSE # & STATE: _____

SOCIAL SECURITY #: _____

PARENT (GUARDIAN) AUTHORIZATION

I, _____ (Parent or Guardian) hereby give permission for my son/daughter, _____ (Student's name) to participate in authorized activities with the West Valley Fire Department. I understand that duties and training will only be conducted under the supervision of qualified department personnel.

SIGNATURE OF PARENT OR GUARDIAN _____

SIGNATURE OF APPLICANT _____

FIRE CHIEFS SIGNATURE _____

DATE _____

EDUCATION AND TRAINING (Pursuant to State law, use of a false or misleading degree is prohibited.)

	School Name City and State	# Years Attended	When will You Graduate?	Major Subjects, Special Courses
HIGH SCHOOL				

LICENSES & CERTIFICATIONS:

OTHER SKILLS:

List any skills, including Fire or Medical experience that might be of benefit to the Fire Department: _____

LEGAL GUARDIAN INFORMATION:

Name	Address	Place of Employment	Phone#	Work Phone #	Cell Phone #

MEDICAL HISTORY

Do you have any physical condition which may limit your ability to perform the duties of the position in which you've applied? **YES NO**

If YES, please explain: _____

Any medication allergies? **YES NO** | **If yes, please list:**

PERSONS TO NOTIFY IN CASE OF EMERGENCY (other than parent or legal guardian) : Relationship to you

Name	Address	Phone	
Name	Address	Phone	

Give a complete account of your employment. Begin on the first line with your present or most recent position and work back. **Last 5 years of employment only.** (Please attach an additional sheet if necessary and include all periods of unemployment.)

EMPLOYMENT RECORD: DO NOT indicate “see resume”.

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

CERTIFICATE OF APPLICANT (Read carefully before signing.)

I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested; and I authorize Yakima County Fire District 12 and agencies or companies by choice of Yakima County Fire District 12 to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by YCFD 12. I understand that the reason for such testing is that YCFD 12 endeavors to operate its business in a safe manner for all employees, customers,



CADET EMPLOYMENT APPLICATION

**YAKIMA COUNTY FIRE DISTRICT 12
 WEST VALLEY FIRE~RESCUE
 10000 ZIER ROAD
 YAKIMA, WA 98908
 Phone 509-966-3111 Fax 509-966-4939**

Return completed applications to:

**West Valley Fire ~ Rescue
 10000 Zier Road
 Yakima, WA 98908
 Monday – Friday
 8am – 5pm**

INSTRUCTIONS: Please answer all questions on this application completely and accurately. All statements are subject to verification. Incorrect statements could result in rejection or termination. A resume may be submitted but **NOT** substituted for this application. Please print clearly in dark ink or type.

Social Security #		Last Name		First Name		MI
Physical Address				Mailing Address		
City	State	Zip	Home Phone ()		Work Phone ()	

Are you either a citizen of the United States or an alien authorized to work in the United States? **YES NO**
 (Employment is subject to verification of your legal right to work in the U.S.)

Washington Drivers License #:	Expiration Date:	Can you provide proof of Insurance: YES NO
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Have you ever been convicted of a misdemeanor or felony, including traffic violations? **YES NO**
 If **YES**, please give details including type of offense, sentence, and dates: _____

(A conviction will not necessarily be a bar to employment. Facts such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

OFFICE USE ONLY

App. Received:	Letter Sent:
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Oral Interview:	Date: Score:
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Physical Agility:	Date: Pass Fail
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Background Check:
Date:

Hire Date:

REFERRED BY:

REFERENCES: (One **MUST** be a teacher from your school.)

Name	Company & Title	Relationship to you	Phone #	Alternate #
1.				
2.				
3.				