



Cowlitz 2 Fire & Rescue

Application

701 Vine Street, Kelso WA 98626

(360) 578-5218 FAX (360) 578-5220

www.c2fr.org

POSITION APPLYING FOR:

Are you 18 years of age or older? Yes No

Last Name		First		Middle Initial		Date of Application		
Address						Email Address:		
City		State		ZIP code		Phone Numbers: Home:		Work:
						Cell:		
How were you referred to the Fire District? (Circle only one)	A By your college	B Advertisement	C Employment Agency	D By an Employee	If so, give name:	E Walk-in	F Resume or letter	G Other

Please read carefully and complete by printing in ink or typing.

Provide all information requested. You may attach a resume, but application must be completed in full.

Applications are retained according to the requirements of the State of Washington Records Retention Schedule. However, applicants must complete a new application and testing process to be considered for a new Eligibility List.

As a condition of employment, documentation is required to prove eligibility to obtain employment along with personal identification as required by the Immigration Reform and Control Act of 1986.

An Equal Employment Opportunity Employer

Cowlitz 2 Fire & Rescue is an equal employment opportunity employer, and does not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, sexual orientation, gender identity, or status as a veteran. Information provided on this application will not be used for any discriminatory purpose.

Drug Free Workplace

Cowlitz 2 Fire & Rescue has adopted a drug and tobacco free workplace policy that requires pre-employment drug testing and other forms of drug and alcohol testing as described in the District's policy.

Eligibility Lists

A testing process is used to create an eligibility list which is valid for one year, unless extended by the Fire Chief. Appointments to vacant regular, full-time firefighter positions are made using both the entry-level and lateral-level eligibility lists. Additional testing and documentation is required prior to appointment to a regular, full-time position.

Educational History

School Name	Location (city, state)	Major Course or Subject Studied	Graduated		Degree (or # of credits completed)
			Yes	No	
High School					
High School Firefighter Cadet Program					
Technical/Trade (after high school)					
College (list all attended)					
Other Education/Training					

Special Skills

Office/Clerical Work:			Public Works/Maintenance Work:	
		<i>YRS. EXP.</i>		<i>YRS. EXP.</i>
Typing	Yes No	Words per minute	Type of machines operated	
Computer Skills	Hardware Software			
Please list other skills, equipment and/or language experience you have			Please list other trade skills you have acquired	
			Served apprenticeship	Yes No
			When served	
			Type of apprenticeship	
			Journey Level Status	Yes No
			Level Achieved _____	
			Date Achieved/Received: _____	

Additional Professional Qualifications

Professional memberships, certificates, or licenses held. **If certificates or licenses are required for the position for which you are applying, you must include a copy with the application.**

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, zip code)	Phone # (include area code)	Occupation

Miscellaneous

Have you been previously employed by or been a member of Cowlitz 2 Fire & Rescue?	Yes No	If yes, when and in what position
Do you have any relative(s) currently employed by Cowlitz 2 Fire & Rescue?	Yes No	If yes, list below
Name	Relationship	Name Relationship
Have you been convicted of any crimes other than minor traffic violations during the past seven years? (A conviction record will not necessarily bar you from employment)	Yes No	If yes, list below
Would you be willing to submit to an employment physical?	Yes No	If no, explain
Would you be willing to submit to a drug screening test?	Yes No	If no, explain
Will visa or immigration status prevent lawful employment? (Proof of citizenship or immigration status will be required upon employment)	Yes No	If yes, explain
Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance, travel, overtime or training requirements?	Yes No	If yes, explain

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for withdrawal of my application or separation from Cowlitz 2 Fire & Rescue’s service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the department or myself.

With my signature below, I authorize Cowlitz 2 Fire & Rescue to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Cowlitz 2 Fire & Rescue from any liability for future references it may provide regarding my work history at the department.

Signature Date

If any of your educational or employment records are under other than the above name, please provide other names below.

Previous Name: _____ **Previous Name:** _____

Cowlitz 2

FIRE & RESCUE

Cowlitz 2 Fire & Rescue is required to conduct a criminal history and child/adult abuse history background check on any individual who will or may have unsupervised access to children under the age of 16, developmentally disabled persons or vulnerable adults during the course of their employment or volunteer involvement with the District.

This information shall be used only for the purposes stated in the Child/Adult abuse information Act, RCW 43.43.830 through RCW 43.43.845.

Pursuant to RCW 43.43.834, the applicant for employment or volunteer involvement shall disclose to Cowlitz 2 Fire & Rescue whether the applicant has been;

- | | | |
|---|-----|----|
| Convicted of crimes against children or other persons; | Yes | No |
| Convicted of crimes relating to financial exploitation of a vulnerable adult; | Yes | No |
| Found in any dependency action under RCW 13.34.040 to have sexually assaulted, exploited or physically abused any minor; | Yes | No |
| Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited or physically abused any minor; | Yes | No |
| Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; | Yes | No |
| Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult. | Yes | No |

If you have answered yes to any of the above questions, please explain;

I certify under penalty of perjury that the above information is true and accurate. I further authorize Cowlitz 2 Fire & Rescue to conduct the above mentioned background check.

Signature

Name of Applicant

Address

City/State/Zip

Social Security Number

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **C2FR** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **C2FR** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****C2FR** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

James G. Duscha Investigations

Authorization for Release of Information

To: *Any Law Enforcement agency, or any Department or Agency of City, County, State, or Federal Government to conduct a criminal investigation and obtain other public records.

- Any Motor Vehicle Record
- Any Past or Present Employer
- Any registrar, Dean, Principal, or other authorized person at a school, university, college, high school or trade school.
- Any bank, financial, credit agency or consumer reporting organization
- Any landlord, real estate or rental agency, mortgage institution, public utility
- Any neighbor or any person having knowledge of my activities

First name

Middle

Last name

Hereby authorize and empower James G. Duscha Investigations or authorized representatives and/or your agents bearing this release or copy thereof, to conduct appropriated inquiries including but not limited to personal interview and records checks, from all personnel. Educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal state or count level, including worker's compensation agencies and other individuals relating to my past activities and to supply any and all information concerning my background for determination of my eligibility to be assigned to a position of trust and responsibility.

I authorized all persons who may have information or documents relative to these inquiries to disclose and/or provide copies of it to James G. Duscha Investigations, and/or its agents, and I hereby release all persons from liability resulting in providing such information and disclosures.

By my signature below I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively from any and all liability for damages or whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all statements and answers set forth on the application from and/or my resume' and any related information provided by me are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statement and/or answers or other information that I have provided are found to be false or that if information has been omitted, such false statements or omissions will be just cause for termination of my employment.

A photocopy of the authorization is to be considered as valid as the original, should there be any questions as to the validity of the authorization questions may be directed to:

JAMES G. DUSCHA INVESTIGATIONS

360-501-4621

Signature

Date