# POULSBO FIRE DEPARTMENT/
# KITSAP COUNTY FIRE DISTRICT #18
# APPLICATION FOR EMPLOYMENT

**Please read the application entirely before completing**

**Please select the position for which you are applying:**

Lateral Firefighter/EMT ☐ Experienced EMT/Entry-Level Firefighter ☐ Experienced-Level Paramedic ☐

Lateral Firefighter/Paramedic ☐ Entry-Level Paramedic ☐

| 1. FULL NAME | | | 2. EMAIL ADDRESS |
|---|---|---|---|
| **Last Name** | **First Name** | **Middle Name** | |
| | | | |

| 3. TELEPHONE NUMBERS | WORK (*include area code*) | HOME/CELL (include area code) | |
|---|---|---|---|
| | | Day | Night |

**4. VETERANS SCORING CRITERIA**

Have you served in the United States Military Yes ☐ No ☐

List all of your military service below, including service in the reserve, National Guard, and U.S. Merchant Marine.

| Branch | Month/Year To: Month/Year | | Rank at Discharge | DD 214 Issued | | | |
|---|---|---|---|---|---|---|---|
| | To | | | | Yes | | No |
| | To | | | | Yes | | No |
| | To | | | | Yes | | No |

Have you ever received less than a General Discharge from any branch of Military? Yes ☐ No ☐

Do you wish to use veteran's preference points as part of this testing process? Yes ☐ No ☐

**YOU MUST ATTACH A COPY OR YOUR DD214 LONG FORM TO RECEIVE PREFERENCE POINTS**

## 5. EDUCATION

List the schools you have attended, beyond high school, beginning with the most recent (#1). **List only College, University, or Vocational / Technical / Trade Schools in which you are currently a student, past student, or have completed. Current student is defined as currently enrolled or less than three months since completion of last semester / quarter. Education without completion is grouped into #3. If applicable, your fire academy must be documented in #4.**

**Did you successfully graduate from High School or earn your GED?** **Yes** ☐ **No** ☐

| Name of High School or location of GED: | State | |
|---|---|---|
| | | |

| #1 | Name of School | State | | Area of study: | |
|---|---|---|---|---|---|
| Current Student: ☐ | Certificate: ☐ | Associates: ☐ | Bachelors: ☐ | Masters: ☐ | Year completed: |

| #2 | Name of School | State | | Area of study: | |
|---|---|---|---|---|---|
| Current Student: ☐ | Certificate: ☐ | Associates: ☐ | Bachelors: ☐ | | Year completed: |

| #3 | Name of School | State | | Area of study: | |
|---|---|---|---|---|---|
| Current Student: ☐ | Certificate: ☐ | Associates: ☐ | Some College ☐ | | Year completed or number of credits completed: |

| #4 | Name of Fire Academy | State | | Volunteer Academy ☐ | Career/Fulltime Academy ☐ |
|---|---|---|---|---|---|
| Year completed: | Describe academy schedule: | | | | |

## 6. EMPLOYMENT

List your employment history, beginning with the present (#1). You should list all full-time work, part-time work, per diem, military service, self-employment, other paid work, and all periods of unemployment. Do not list employment before your 16th birthday. Do not list volunteer or resident experience in Section #6 (see Section #7 - Volunteer). Part-time requires compensation for all hours worked.

| #1 | Month | Year | To | Month | Year | Employer | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Employer's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| | | | | |
| Street Address of Job Location (if different than Employer's Address) | City (Country) | State | Zip Code | |
| | | | | |
| Supervisor's Name | Telephone Number | | | |
| | | | | |

| #2 | Month | Year | To | Month | Year | Employer | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Employer's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| | | | | |
| Street Address of Job Location (if different than Employer's Address) | City (Country) | State | Zip Code | |
| | | | | |
| Supervisor's Name | Telephone Number | | | |
| | | | | |

| #3 | Month | Year | To | Month | Year | Employer | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Employer's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| | | | | |
| Street Address of Job Location (if different than Employer's Address) | City (Country) | State | Zip Code | |
| | | | | |
| Supervisor's Name | Telephone Number | | | |
| | | | | |

| #4 | Month | Year | To | Month | Year | Employer | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Employer's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| | | | | |
| Street Address of Job Location (if different than Employer's Address) | City (Country) | State | Zip Code | |
| | | | | |
| Supervisor's Name | Telephone Number | | | |
| | | | | |

| #5 | Month | Year | To | Month | Year | Employer | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Employer's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| | | | | |
| Street Address of Job Location (if different than Employer's Address) | City (Country) | State | Zip Code | |
| | | | | |
| Supervisor's Name | Telephone Number | | | |
| | | | | |

## 7. VOLUNTEER

List your volunteer history, beginning with the present (#1). For example, list resident firefighter experience for which you were not compensated for every hour worked. Do not list full-time, part-time, per diem, or military experience in Section #7.

| #1 | Month | Year | To | Month | Year | Agency / Foundation | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Agency / Foundation's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| Street Address of Volunteer Location (if different than previous address) | City (Country) | State | Zip Code | |
| Supervisor's Name | Telephone Number | | | |

| #2 | Month | Year | To | Month | Year | Agency / Foundation | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Agency / Foundation's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| Street Address of Volunteer Location (if different than previous address) | City (Country) | State | Zip Code | |
| Supervisor's Name | Telephone Number | | | |

| #3 | Month | Year | To | Month | Year | Agency / Foundation | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Agency / Foundation's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| Street Address of Volunteer Location (if different than previous address) | City (Country) | State | Zip Code | |
| Supervisor's Name | Telephone Number | | | |

| #4 | Month | Year | To | Month | Year | Agency / Foundation | Your Position Title | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Agency / Foundation's Street Address | City | State | Zip Code | Telephone Number |
|---|---|---|---|---|
| Street Address of Volunteer Location (if different than previous address) | City (Country) | State | Zip Code | |
| Supervisor's Name | Telephone Number | | | |

## 8. LETTERS OF RECOMMENDATION

List two people who know you well and attach their letter of recommendation. They should be good friends, peers, colleagues, college roommates, etc. Do not list your spouse, former spouses, or other relatives.

| #1 | Name | Dates Known Month/Year To Month Year | Telephone Number | Day ☐ Night ☐ |
|---|---|---|---|---|
| | | | | |

| Current Home or Work Address | City (Country) | State | Zip Code |
|---|---|---|---|
| | | | |

| #2 | Name | Dates Known Month/Year To Month Year | Telephone Number | Day ☐ Night ☐ |
|---|---|---|---|---|
| | | | | |

| Current Home or Work Address | City (Country) | State | Zip Code |
|---|---|---|---|
| | | | |

## 9.A. CERTIFICATIONS

List any certifications relevant to the position for which you are applying. All claims of IFSAC, EMT, and EMT-P certifications require a certification number and should be attached to your application.

| Certification # | Title | Credentialing Agency | Initial Certification Date | Last Renewal Date |
|---|---|---|---|---|
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## 9.B. CERTIFICATION WORK EXPERIENCE

Choose the certification level for which you have experience in. Provide the total number of months you have actively served under your certification (#1). Provide the break down of months for every applicable category and total the months (#2). #1 and #2 must equal each other. Please provide the average the number of calls per year to which you respond.

| **EMT** | State you are currently certified in: | **#1** | Total number of months actively serving under EMT certification: |
|---|---|---|---|

| Category | Months |
|---|---|
| EMT - (911) Non-Transporting | |
| EMT - BLS Transporting Unit | |
| EMT - ALS Transporting Unit | |
| EMT - Other: Describe: | |
| **#2 Total of Months:** | |
| **Number of calls per year you respond to:** | |

| **EMT-P** | State you are currently certified in: | **#1** | Total number of months actively serving under EMT-P certification: |
|---|---|---|---|

| Category | Months |
|---|---|
| EMT-P - (911) Non-Transporting | |
| EMT-P - ALS Transporting Unit | |
| EMT-P - Other: Describe: | |
| | |
| **#2 Total of Months:** | |
| **Number of calls per year you respond to:** | |

## 10. BACKGROUND

| | | |
|---|---|---|
| Applicants must be 18 years of age at the time of application. Are you at least 18 years of age? Yes ☐ No ☐ | | |
| Do you have a valid driver license? Yes ☐ No ☐ | Which state? | Driver license number: |
| Do you have a special endorsement? Describe: | | |
| Describe any experience, involvement, or connections you have with the community served by the department. Include examples such as volunteer activities, community service, participation in local organizations, employment history, or other experiences that demonstrate familiarity with and commitment to the community. | | |

Instructions: 1) Please include a copy of your DD214 if applicable. 2) Provide IFSAC, EMT, and EMT-P certifications, as applicable. 3) Provide a copy of your resume, letter of interest (cover letter), and two letters of recommendation. _____(initial here)

I understand that if hired, and I lose, damage, or fail to return any Poulsbo Fire Department property at the time of my separation of employment, Poulsbo Fire Department is authorized to deduct from my final paycheck the cost of such property. _____(initial here)

I certify I am not engaged in any outside activity or business that could be considered in conflict with Poulsbo Fire Department's interest, nor will I become engaged in such activity or business if employed. ____(initial here)

Poulsbo Fire Department reserves the right to alter/change the testing process. I understand that interviews are given on a competitive basis, using job-related factors, after a written application packet has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed and/or tested. Additionally, I give permission for Poulsbo Fire Department to contact references, and request information related to educational background, employment history, and special licenses or training._____(initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Poulsbo Fire Department._____(initial here)

Poulsbo Fire Department is an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination because of race, color, religion, creed, gender, sexual orientation, national origin, ancestry, age, disability, marital status, honorably discharged veteran or military status, genetic information, or any other legally protected classification.

## CERTIFICATION THAT MY ANSWERS ARE TRUE

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and the information given is true and complete to the best of my knowledge and belief. I understand that knowingly providing false information on this application will be grounds for elimination from further consideration; or, if employed, for dismissal at any time.

| | | | | |
|---|---|---|---|---|
| Signature | | Print: | | Today's Date: |
| Mailing Address: | City | State | Zip Code | Cell Number |
| Physical Address: (if different than above) | City | State | Zip Code | Home Phone Number |