

EDUCATION AND TRAINING					
TYPE OF SCHOOL	NAME AND LOCATION	MAJOR SUBJECT	CIRCLE NO. YEARS COMPLETED	DEGREE OR CREDITS EARNED	DATES ATTENDED
Grad School			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Bus/Voc			1 2 3 4		
High School			9 10 11 12 GED		

Other Relevant Courses And Training	Name and Location of Institution	Dates Attended

PROFESSIONAL LICENSES OR CERTIFICATES			
Type of License or Certificate	Serial No.	Date Issued	Expiration

List professional and occupational organizations of which you are a member.

List special skills, qualifications, and considerations that would be of value in the work for which you are applying.

EMPLOYMENT EXPERIENCE Start with your present or last job. Describe supplementary experience/training which relates to the position for which you are applying (i.e., part-time employment, unpaid or volunteer service, and military service).

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	
Specific Duties:	
Dates: From:	To:
Total Months: _____ Hrs/Wk: _____:	
Reason for Leaving (not required for military service):	

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	:
Specific Duties:	
Dates: From:	To:
Total Months: _____ Hrs/Wk: _____:	
Reason for Leaving (not required for military service):	

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	
Specific Duties:	
Dates: From:	To:
Total Months: _____ Hrs/Wk: _____	
Reason for Leaving (not required for military service):	

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	
Specific Duties:	
Dates: From:	To:
Total Months: _____ Hrs./Wk: _____:	
Reason for Leaving Leaving (not required for military service):	

Have you ever been discharged/fired, or asked to resign from a position excluding military service?

Yes (explain below) No

List all periods of unemployment of 60 days or more and explain. _____

REFERENCES

List three non-relatives who are familiar with your qualifications and actual work history and ability.

NAME	ADDRESS	OCCUPATION/ RELATIONSHIP	YEARS KNOWN	TELE- PHONE

WAIVER AND ACKNOWLEDGEMENT

I certify that all my statements on this application are true and complete. I consent to and authorize agents of West Klickitat Regional Fire Authority to ask for information concerning me. I release all persons and entities connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information. I understand and agree that any misrepresentation or omission by me on this application can be sufficient to disqualify me for membership or, if a member, can result in my dismissal. I also understand that failure to date and sign this form will also be grounds for non-consideration. If I accept a position with West Klickitat Regional Fire Authority, I agree to comply with all of its policies and procedures.

I understand that acceptance of an offer of membership does not create a contractual obligation upon the district to continue to 'employ' me in the future. Absent a contract provision to the contrary, I agree that if accepted, both West Klickitat Regional Fire Authority and I will be free to terminate my employment at any time, with or without cause or advance notice, and without compensation. I acknowledge that no contrary representations or promises are authorized or enforceable unless in a written employment agreement signed by an agent of West Klickitat Regional Fire Authority.

I have read and understand the information contained in this application. I acknowledge I have received the job description and am familiar with the essential functions of this job.

Signature

Date

Print Name

West Klickitat Regional Fire Authority is an equal employment opportunity employer. We do not discriminate on the basis of age, sex, marital status, race, creed, national origin, disability, or other protected status in accordance with applicable federal and state laws.



CERTIFICATE OF APPLICANT

(Read carefully AFTER you complete the application and INITIAL each paragraph)

_____ **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 membership whenever discovered.

_____ **I have read the WKRFA job description for Captain** and understand all that is desired and required of the position.

_____ 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 West Klickitat Regional Fire Authority and agencies or companies by choice of the fire district to explore all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

_____ West Klickitat Regional Fire Authority endeavors to operate its business in a safe manner for all employees, members, customers, residents, visitors and/or guests. **I understand that before or after receiving any offer of membership/employment for a public safety position, 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 West Klickitat Regional Fire Authority.** The results of such testing will be communicated to the fire authority 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 membership/employment.

_____ If I am offered membership, **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.

_____ **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 West Klickitat Regional Fire Authority and/or its agents to:

1. **Obtain verification of information provided by me in this membership 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.**

APPLICANT'S SIGNATURE: _____

DATE: _____