



DOUGLAS OKANOGAN COUNTY FIRE DISTRICT #15

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE/AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER _____

ARE YOU 21 YEARS OF AGE OR OLDER? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? _____

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? _____

CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS FIRE DISTRICT? _____

WHERE? _____

WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

FORMER EMPLOYERS (LIST ON BACK OF PAGE ALL YOUR PAST EMPLOYERS, STARTING WITH THE LAST ONE FIRST) _____

*I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND IF ANY FALSE INFORMATION, OMISSION, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE FIRE DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT, TO THE EXTENT PERMITTED BY LAW, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE FIRE DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE FIRE DISTRICT. I UNDERSTAND THAT NO FIRE DISTRICT REPRESENTATIVE, OTHER THAN THE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DIRECTOR, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I UNDERSTAND THAT CONSIDERATION OF THIS APPLICATION WILL DEPEND ON MY SIGNING AUTHORIZATION FOR A BACKGROUND CHECK AND A PRE-EMPLOYMENT DRUG TEST.

DATE _____

SIGNATURE _____

JOB APPLICATION - DOUGLAS-OKANOGAN COUNTY FIRE DISTRICT #15 (CONTINUED)

PREVIOUS EMPLOYMENT

EMPLOYER	
ADDRESS AND PHONE#	
SUPERVISOR	
JOB TITLE	
START DATE	
END DATE	
RATE OF PAY	
REASON FOR LEAVING	

EMPLOYER	
ADDRESS AND PHONE#	
SUPERVISOR	
JOB TITLE	
START DATE	
END DATE	
RATE OF PAY	
REASON FOR LEAVING	

EMPLOYER	
ADDRESS AND PHONE#	
SUPERVISOR	
JOB TITLE	
START DATE	
END DATE	
RATE OF PAY	
REASON FOR LEAVING	

EMPLOYER	
ADDRESS AND PHONE#	
SUPERVISOR	
JOB TITLE	
START DATE	
END DATE	
RATE OF PAY	
REASON FOR LEAVING	

EMPLOYER	
ADDRESS AND PHONE#	
SUPERVISOR	
JOB TITLE	
START DATE	
END DATE	
RATE OF PAY	
REASON FOR LEAVING	

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

We may obtain a consumer report or reports relating to your application for employment and for other employment-related reasons during your employment, if you are hired. "Consumer report" includes, but is not limited to, credit reports, criminal background checks, and department of motor vehicle reports. We may also obtain an "investigative consumer report" which is information obtained through personal interviews with neighbors, friends, associates, acquaintances and others. You have the right to request disclosure of the nature and scope of such an investigation should one be conducted. You also have the right to request a written summary of consumer rights. If you wish to request the disclosure or the summary, please indicate below.

AUTHORIZATION

I AUTHORIZE DOUGLAS-OKANOGAN COUNTY FIRE DISTRICT #15 OR ENTITIES ACTING ON ITS BEHALF TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING ME FROM TIME TO TIME FOR EMPLOYMENT PURPOSES AS DESCRIBED ABOVE.

SIGNATURE _____

DATE _____

PLEASE PRINT FULL NAME:

PLEASE PRINT MAIDEN OR ANY OTHER NAMES
UNDER WHICH RECORDS MAY BE LISTED:

DRIVER'S LICENSE NUMBER: _____ STATE _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

*NOTE: Date of Birth information will only be used by the reporting agency to ensure accurate identification. It will not be used by the Fire District in making any employment decision. The Age Discriminations in Employment Act prohibits discrimination based on age.

PLEASE RETURN THIS FORM WITH YOUR COMPLETED APPLICATION