

SNOHOMISH COUNTY FIRE DISTRICT #7
APPLICATION FOR VOLUNTEER MEMBERSHIP



Print and Read application carefully and complete all sections in black ink.
Mail Application To:
Chief Meek ~ 8010 180th St. S.E. ~ Snohomish WA 98296

PERSONAL INFORMATION:

NAME _____ PHONE NUMBER _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY # _____ DATE OF BIRTH _____
(Month) (Day) (Year)

WASHINGTON STATE DRIVER'S LICENSE NUMBER _____ (Expiration Date)

I AM APPLYING FOR A POSITION AS: VOLUNTEER FIREFIGHTER RESIDENT FIREFIGHTER

PREVIOUS EXPERIENCE:

FIREFIGHTING Yes No DEPARTMENT: _____ YEARS OF SERVICE: _____

E.M.T. Yes No EXPIRATION DATE: _____

OTHER RELATED EXPERIENCE: _____

FOR OFFICE USE ONLY:

PHYSICAL AGILITY: PASS / FAIL TIME: _____ ORAL BOARD: PASS / FAIL

REQUEST FOR ABSTRACT DRIVING RECORD: DATE MAILED: _____ DATE RECEIVED: _____

REQUEST FOR CRIMINAL HISTORY CHILD/ADULT ABUSE INFORMATION ACT (RCW 43.43.830 - 43.43.840):
DATE MAILED: _____ DATE RECEIVED: _____

LIFE INSURANCE FORMS: Yes W-4 FORM: Yes PAYCHECK ROUTE FORM: Yes

DISABILITY APPLIED FOR: _____ DISABILITY RECEIVED: _____

E.M.S. PAPERS: Yes HEB B FORM: Yes RESPIRATOR USER QUESTIONNAIRE: Yes

EMPLOYMENT ELIGIBILITY FORM: COPY OF WA. STATE DRIVER LICENSE: COPY OF SSN CARD:

MEDICAL PHYSICAL EXAM: PASS / FAIL GIVEN BY: (NAME/ADDRESS) _____

APPLICANT ACCEPTED: Yes No START RECRUIT SCHOOL: _____

REMARKS: _____

EMPLOYMENT: (Start with present or most recent employer.)

1.

(Employer) (Address) (Phone Number)

(Job Title / Description)

(From) (To) (Supervisor's Name and Title)

2.

(Employer) (Address) (Phone Number)

(Job Title / Description)

(From) (To) (Supervisor's Name and Title)

3.

(Employer) (Address) (Phone Number)

(Job Title / Description)

(From) (To) (Supervisor's Name and Title)

U.S. MILITARY RECORD:

(Branch of Service) (From) (To)

Present Military Affiliation: None Reserve (Active) Reserve (Inactive)

(Training / Duty)

EDUCATION:

	LOCATION CITY/STATE	MAJOR COURSE OR SUBJECT	ATTENDED		GRADUATED		DEGREE
			FROM	TO	YES	NO	
HIGH SCHOOL							
TECHNICAL/TRADE							
COLLEGE							
OTHER							

REFERENCES: (List three persons not related to you, whom you have known one year or longer.)

Name	Address	Phone No.	Title/Relationship

OUTSIDE ACTIVITIES:

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status)

EMERGENCY CONTACTS: In case of emergency, please notify the person(s) named below.

Name	Address	Phone No.	Relationship

CRIMINAL RECORD:

Have you ever been arrested and/or convicted of any criminal violation or act? Yes No

If your answer is yes, please complete the following:

(Date)	(Arresting Agency)	(Charge)	(Disposition)
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Have you ever been cited by ticket, been involved in any accidents, or been convicted of any driving violation?

Yes No If your answer is yes, please complete the following:

(Date)	(Arresting Agency)	(Charge)	(Disposition)
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Has your driving privilege ever been suspended, revoked or denied in this state or any other state?

Yes No If your answer is yes, please complete the following:

(Date)	(State)	(Reason)
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YOU WILL NEED TO PROVIDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- * COPY OF YOUR WA. STATE DRIVER LICENSE
- * COPY OF YOUR SOCIAL SECURITY CARD
- * COPY OF HEPATITIS B IMMUNIZATION (IF APPLICABLE)
- * ALL FIRE / EMS RELATED TRAINING RECORDS (IF APPLICABLE)

I certify that the answers given by me to all the questions on this application are true and correct to the best of my knowledge and belief. I understand that, if accepted, false statements or omission of facts on this application shall be considered sufficient cause for dismissal. I authorize you to make any reasonable inquiry of my associates, employer, and personal references.

_____ (Applicant's Signature)	_____ (Date of Application)
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