

Lewis County Fire District 5

PO Box 259 Napavine WA 98565

(360) 262-3320

admin@lcfpd5.com

PERSONAL INFORMATION

Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO			
Military Veteran or Military Service? YES NO			
Have you ever been convicted of a felony? YES NO If yes, explain			

PREVIOUS ADDRESSES

Please list your last three previous addresses. (If not applicable, please write N/A)

From - To	Rent Own	If rent, landlord's name and phone number
Address		
Reason for Moving		
From - To	Rent Own	If rent, landlord's name and phone number
Address		
Reason for Moving		
From - To	Rent Own	If rent, landlord's name and phone number
Address		
Reason for Moving		

PREVIOUS EMPLOYMENT

Please list all employment history (including military and volunteer) for the last 5 years. Attach additional pages if necessary.

Company Name		Company Phone Number
Company Address		Supervisor
Job Title		
Responsibilities		
From - To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO		

Company Name		Company Phone Number
Company Address		Supervisor
Job Title		
Responsibilities		
From - To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO		

Company Name		Company Phone Number
Company Address		Supervisor
Job Title		
Responsibilities		
From - To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO		

REFERENCES - PROFESSIONAL

Full Name	Relationship
Company	Phone Number
Address	
Full Name	Relationship
Company	Phone Number
Address	
Full Name	Relationship
Company	Phone Number
Address	

REFERENCES - PERSONAL

Full Name	
Relationship	Phone Number
Address	
Full Name	
Relationship	Phone Number
Address	
Full Name	
Relationship	Phone Number
Address	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date



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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights

Name _____ DOB ____/____/____ Soc Sec # _____ - _____ - _____

Read carefully before signing.

To whom it may concern,

I, the undersigned, authorize you to furnish Lewis County Fire District 5 or its agencies, any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Lewis County Fire District 5 or its agencies. Your reply will be used to assist Lewis County Fire District 5 or its agencies in determining my qualifications and fitness for a position I am seeking with and/ or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., The Privacy Act of 1974, the Freedom Of Information Act, and the Revised Code Of Washington (RCW) 42.17 and specifically waive those rights understanding that the information furnished will be used by Lewis County Fire District 5 and or/its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Lewis County Fire District 5 and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from liability or damage which may result from furnishing information to Lewis County Fire District 5 pursuant to this waiver and authorization to release information.

I do hereby release the Lewis County Fire District 5 its, agents, and others and authorize them to provide my present employer with any information developed during the background investigation.

Applicant's Name (Printed) _____

Date _____

Applicant's Signature _____

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

} SS

Signed (or attested) before me on _____ by _____

Date _____

Name(s) of individual(s) _____

(Signature of notary public)

(Title of office)

(Stamp)

My commission expires: _____ Date

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Notice of Criminal History Inquiry - Criminal History Disclosure

Lewis County Fire District 5 is required by RCW 43.43.830 to investigate the criminal history of all applicants. This investigation will disclose convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitation of a vulnerable adult, and certain civil adjudications. Any conviction for any crime in the above categories shall make the applicant ineligible for membership or employment with Lewis County Fire District 5. Any information found in this investigation will be reported to the applicant if requested.

You are required to make the following disclosure and answer the following questions; mark the box to the left of each question that applies. Have you ever been:

Yes No

- ☐ ☐ Convicted of any crime committed against a person;
- ☐ ☐ Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- ☐ ☐ Convicted of crimes related to drugs as defined in RCW 43.43.830;
- ☐ ☐ Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- ☐ ☐ Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- ☐ ☐ 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;
- ☐ ☐ Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult; OR
- ☐ ☐ None of the above statements apply to me.

UNDER PENALTY OF PERJURY, under the laws of the laws of the State of Washington, I certify that the above disclosures are true, correct, and complete. I understand that any misrepresentation or falsification of this document will subject me to prosecution for perjury, will cause me to become ineligible for membership or employment, and may result in dischargement from current membership or employment.

Applicant Signature _____

_____ Date

Applicant Printed Name:

Last

First

Middle

Alias / Maiden Name

Birthdate ____/____/____

Social Security Number ____ - ____ - ____