



APPLICATION BAINBRIDGE ISLAND FIRE DEPARTMENT

8895 Madison Ave NE, Bainbridge Island, WA 98110

POSITION APPLYING FOR:

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Jr., II, etc.
Address			
City	State	Zip Code	
Mailing Address (if different than home address)			
City	State	Zip Code	
E-Mail Address			
Primary Telephone Number		Secondary Telephone Number	
Current Driver's License Number	State of Issue	Expiration Date	

EDUCATION

Have you received a high school diploma or GED?	Yes	No
School Name	Location	

LIST ALL SCHOOLS BEYOND HIGH SCHOOL

Name and location of School	Course of Study	Dates Attended	Credits Completed	Type of Degree Earned

MILITARY, if applicable

Branch of Service	
Dates of Service In/Out	Specialty

PREFERENCE POINTS, if applicable

Are you claiming Veteran's preference?	Yes	If yes, you must fill out the Veteran's Preference Form and attach all supporting documentation.
Are you currently a Bainbridge Island Fire Department Volunteer in good standing?		Yes

EMPLOYMENT HISTORY

List your employment activities, beginning with current employer and working back 5 years OR current employer plus three previous. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment.

Current Employer Name	From / To		Your Position Title	
Employer's Street Address	City	State	Zip	Telephone Number
Supervisor's Name	May we contact?	Yes	No	Telephone Number

Duties (Be Specific):

Previous Employer Name	From / To		Your Position Title	
Employer's Street Address	City	State	Zip	Telephone Number
Supervisor's Name	May we contact?	Yes	No	Telephone Number

Duties (Be Specific):

Reasons for Leaving:

Previous Employer Name	From / To		Your Position Title	
Employer's Street Address	City	State	Zip	Telephone Number
Supervisor's Name	May we contact?	Yes	No	Telephone Number

Duties (Be Specific):

Reasons for Leaving:

Previous Employer Name	From / To		Your Position Title	
Employer's Street Address	City	State	Zip	Telephone Number
Supervisor's Name	May we contact?	Yes	No	Telephone Number

Duties (Be Specific):

Reasons for Leaving:

REFERENCES

Please provide names of three additional references (other than previously listed supervisors) that can provide information concerning your character and qualifications relative to the position.

Name	Telephone Number
Complete Address	
Name	Telephone Number
Complete Address	
Name	Telephone Number
Complete Address	

QUALIFICATIONS AND CERTIFICATIONS

Are you 18 years of age?	Yes	No
Are you able to show proof of eligibility to work in the United States?	Yes	No
Do you possess a valid WA State Driver's license OR are you able to obtain one within 60 days of appointment?	Yes	No

Which of the following EMS credentials do you possess?
 None EMT-B Paramedic Other, please specify:

If you do possess an EMS certification, is it:
 WA State National Registry Other, please specify:

Have you attended a Firefighter Academy?	Yes	No
Name	Location	Number of Hours
Do you possess IFSAC FF-I?	Yes	No
Have you successfully completed a CPAT?	Yes	No
If yes, date of your most recent passing CPAT	CPAT Date	

LIST ANY ADDITIONAL FIRE OR EMS CERTIFICATES OR TRAINING

BACKGROUND

In the past three years, have you been convicted of a traffic violation, misdemeanor, or felony? Yes No

If yes is indicated, please explain:

CLOSING INFORMATION

Please state in your own words why you would like to be a member of the Bainbridge Island Fire Department.

CERTIFICATION, AUTHORIZATION, AND RELEASE

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly and willfully making false statements on this form can be punished by immediate removal from the testing process and/or employment.

Please Initial

If I advance in the application process, I acknowledge that the Bainbridge Island Fire Department will complete a comprehensive pre-employment background evaluation which may include: criminal history, driving records, medical/physical evaluations, drug screening, thorough personal and professional reference check, and psychological screening.

Please Initial

I authorize investigation of all statements made on this application, and waive all claims against the Bainbridge Island Fire Department and all individual parties for damages which might occur by reason of such investigation.

Please Initial

I understand that I will be required to complete a physical with the Department's physician.

Please Initial

I understand that I will be required to receive or provide documentation of certain immunizations, per Department policy.

Please Initial

Signature Date

Any unsigned or incomplete applications will not be considered.

A TYPED NAME WILL BE CONSIDERED AN ACCEPTABLE SIGNATURE.

The Bainbridge Island Fire Department is an equal opportunity employer and will not discriminate against an employee or applicant because of race, color, religion, sexual orientation, age, marital status, national origin or physical disability unless based on a bona fide occupation qualification.