



BAINBRIDGE ISLAND FIRE DEPARTMENT EMPLOYMENT APPLICATION – FF/EMT

8895 Madison Ave NE, Bainbridge Island, WA 98110

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	
Last four of SSN			

EDUCATION / TRAINING				
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
Have you attended a Firefighter academy?	Name	Location	Number of Hours	
Pertinent Fire Department Certificates/Training				

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 bonafide occupation qualification.

MILITARY	
U.S. Military	Branch of Service
Dates of Service In/Out	Specialty

PREFERENCE POINTS		
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 and off probation?	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	From/To	Employer Name			Your Position Title	
Employer's Street Address			City	State	ZIP	Telephone Number
Supervisor Name			Phone	May We Contact? Yes No		
Duties (Be Specific)						
Previous Employer	From/To	Employer Name			Your Position Title	
Employer's Street Address			City	State	ZIP	Telephone Number
Supervisor Name			Phone	May We Contact? Yes No		
Duties (Be Specific)						
Reason for Leaving:						
Previous Employer	From/To	Employer Name			Your Position Title	
Employer's Street Address			City	State	ZIP	Telephone Number
Supervisor Name			Phone	May We Contact? Yes No		
Duties (Be Specific)						
Reason for Leaving:						
Previous Employer	From/To	Employer Name			Your Position Title	
Employer's Street Address			City	State	ZIP	Telephone Number
Supervisor Name			Phone	May We Contact? Yes No		
Duties (Be Specific)						
Reason 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	Phone
Complete Address	
Name	Phone
Complete Address	
Name	Phone
Complete Address	

MINIMUM QUALIFICATIONS

Are you 18 years of age?	Yes	No	
Are you able to show proof to work in the United States?	Yes	No	
Do you possess a valid Washington State Driver's license or are you able to obtain one?	Yes	No	
Do you possess a current Washington State EMT or National Registry EMT or are you able to obtain NREMT ?	Yes	No	
Do you possess IFSAC FF-I?	Yes	No	
Have you successfully completed a CPAT exam dated on or after July 18, 2018 ?	Yes	No	CPAT Date

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 knowing and willful 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 record, 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 _____

A typed name will be considered an acceptable signature.

Signature	Date
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Any unsigned or incomplete applications will not be considered. Please review the application instructions on the job announcement for complete application details.