



# BAINBRIDGE ISLAND FIRE DEPARTMENT EMPLOYMENT APPLICATION - FF/EMT

8895 Madison Ave NE., Bainbridge Island, WA 98110

APPLICATION 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?		Yes	No	
Name		Location	Number of Hours	
PERTINENT FIRE DEPARTMENT CERTIFICATES / TRAINING				
MILITARY				
U.S. Military		Branch of Service		
Dates of Service In/Out		Specialty		

*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.*

**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.

<b>Current Employer Name</b>	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):

<b>Previous Employer Name</b>	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:

<b>Previous Employer Name</b>	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:

<b>Previous Employer Name</b>	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:				
<b>REFERENCES</b>				
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				
<b>MINIMUM QUALIFICATIONS</b>				
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
Do you possess a current WA State EMT or National Registry EMT?			Yes	No
Do you possess IFSAC FF-I?			Yes	No
Have you successfully completed a CPAT?			Yes	No
			CPAT Date	
<b>BACKGROUND</b>				
In the past three years, have you been convicted of a traffic violation, misdemeanor, or felony?			Yes	No
If yes is indicated, please explain:				

**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 submit to a physical.

Please Initial

I understand that I will be required to receive certain immunizations.

Please Initial

**A TYPED NAME WILL BE CONSIDERED AN ACCEPTABLE SIGNATURE.**

Signature

Date

**Any unsigned or incomplete applications will not be considered.**

**Please review the application instructions on the job announcement for complete application details.**