



Yakima County Fire District 4
 2003 Beaudry Road
 Yakima WA 98901
 (509) 457-8615

EMPLOYMENT APPLICATION

POSITION APPLYING FOR:	STREET ADDRESS:
NAME: (Last, first and middle initial)	CITY/STATE/ZIP:
PHONE:	VALID DRIVER'S LICENSE NUMBER:
EMAIL ADDRESS:	DATE OF BIRTH:

Have you been convicted of a misdemeanor or felony (other than minor traffic offenses) within the last ten (10) years?

Yes No

If yes, please give the nature of the crime, date of conviction, and the court in which you were convicted.

Conviction of a crime will not necessarily disqualify you from employment unless it would reasonably affect your fitness for the position in which you have applied.

EDUCATION

TYPE OF SCHOOL	NAME, CITY/STATE	MAJOR COURSE	DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS/TECHNICAL			
TRAINING			
MILITARY			
OTHER COURSES			

You **MUST** authenticate your answers by providing proof of diploma/GED, training, letters of recommendation, certificates, etc.

CERTIFICATIONS/SPECIAL SKILLS/PROFESSIONAL LICENSES HELD: _____

DO YOU CURRENTLY MEET THE MINIMUM QUALIFICATIONS LISTED IN THE POSITION ANNOUNCEMENT THAT YOU ARE APPLYING FOR? Yes No

If no, list the qualification(s) that you do not possess and give a brief explanation: _____

You may attach a resume, but all sections must be complete for your application to be considered. You **MUST** attach a full driving record. The Driving Record Request is attached for Washington. If you have lived in another state during the last 3 years you must also attach a full/complete driving record for that state also. The driving record(s) are the only thing you are asked to pay for during the hiring process.

Yakima County Fire District 4 is an equal opportunity employer and does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in employment decisions.

WORK HISTORY. Please begin with your present or most recent employment, including periods of self-employment and United States military service. List your work experience for the last 10 years, attaching extra pages if necessary.

Job Title		Employer's Name and Mailing Address	
Supervisor's Name			
Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Please note month and year) From: To:		Hours per week:	Last Hourly Rate or Monthly Salary:
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Mailing Address	
Supervisor's Name			
Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Please note month and year) From: To:		Hours per week:	Last Hourly Rate or Monthly Salary:
Duties:			
Reason for leaving:			

Job Title		Employer's Name and Mailing Address	
Supervisor's Name			
Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Please note month and year) From: To:		Hours per week:	Last Hourly Rate or Monthly Salary:
Duties:			
Reason for leaving:			

Undated, unsigned or incomplete applications will not be accepted.

I hereby certify that, to the best of my knowledge, all of the information contained in this Application is true and correct and complete as of the date it is signed. I understand that the information provided herein may be verified and that any answers which are untrue or misleading may be grounds for rejecting this application or for termination if a job offer is extended.

I authorize my current and former employer(s); schools and technical institutions for which I have attended, to release information as requested to Yakima County Fire District #4 representatives. Such information may include but is not limited to, information concerning my performance, performance evaluations, work history, attendance records, disciplinary action, any information regarding my employment, and/or scholastic records. I hereby waive any and all claims against you, your current and past employees, elected officials, and agents from any and all claims, damages, or liability arising out of your disclosure of such information to YCFD4.

I understand that as a condition of employment, I must provide acceptable proof of identity and employment eligibility as required by the Immigration Reform and Control Act.

I understand that this application is contingent on receipt of supplemental materials, and that I may be subject to a criminal history and employment reference background checks as a condition of employment.

Signature of Applicant

Date

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I hereby certify that, to the best of my knowledge, all of the information contained in this Application is true and correct and complete as of the date it is signed. I understand that the information provided herein may be verified and that any answers which are untrue or misleading may be grounds for rejecting this application or for termination if a job offer is extended.

I authorize my current and former employer(s); schools and technical institutions I have attended, to release information as requested to Yakima County Fire District 4 (YCFD4) representatives. Such information may include but is not limited to: information concerning my performance, performance evaluations, work history, attendance records, disciplinary action, any information regarding my employment, and/or scholastic records. I hereby waive any and all claims against you, your current and past employees, elected officials, and agents from any and all claims, damages, or liability arising out of your disclosure of such information to YCFD4.

I understand that as a condition of employment, I must provide acceptable proof of identity and employment eligibility as required by the Immigration Reform and Control Act.

I understand that this application is contingent on receipt of supplemental materials, and that I may be subject to a criminal history and employment reference background checks as a condition of employment.

Signature of Applicant

Date

Received by

Date



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I am a candidate for the position of _____ with Yakima County Fire District #4 in Yakima, Washington and hereby authorize you to furnish Yakima County Fire District #4 with any and all records or information that you have concerning me, my work record, my reputation, medical records, polygraph, psychological profile, my academic credentials, my military service records, and my financial status. This waiver applies only to this position and expires ninety (90) days after the date below.

Information of a confidential or privileged nature may be included. Those individuals who supply references may respond freely to all questions concerning my job-related knowledge, skills, abilities, education and experience, and any other matters which may be relevant to my performance in the position I am seeking. I waive my rights to personally review any materials you may transmit to Yakima County Fire District #4 in connection with my application for employment.

I understand that an investigative consumer report, if deemed necessary for the position for which I have applied, may be obtained through personal interviews with my neighbors, friends or associates. Your reply will be used to assist Yakima County Fire District #4 in determining my qualifications and fitness for the position.

I hereby release you and your organization from any and all liability arising from your release of information to Yakima County Fire District #4 about my employment history, my academic credentials or qualifications and my suitability for employment with Yakima County Fire District #4. It is further agreed and understood that I shall hold Yakima County Fire District #4 harmless for use of any and all information gained through these inquiries.

Signature

Date

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public in and for the State of
Washington residing in _____
Expiration _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p style="text-align: center;">X</p> <p>_____</p> <p>Date and place signed</p>	<p style="text-align: center;">X</p> <p>_____</p> <p>Authorized representative signature</p>

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
<p style="text-align: center;">X</p> <p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>