



Mason County Fire District 6 Application Checklist

Mason County Fire District 6 would like thank you for your interest in being part of our team and your desire to serve in our community!

This Application must be completed to the following guidelines in order to be accepted. You are also free to include a resume, copies of certificates, and any other information that you would like us to consider.

_____ Application fully complete

_____ Subject Release & Background Check Authorization FULLY completed

_____ Photo copy of drivers license

If you have any questions please feel free to contact:

Chief Clint Volk

Captain Chris De Capua

Office Manager Heather Fredrickson at 360-898-4871 or admin@mcf6.com.

Thanks again and we look forward to meeting with you.



Application

****We consider applications for all positions without regard to race, color, religion, creed, sex national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PLEASE TYPE OR PRINT IN INK

DATE OF APPLICATION: _____

POSITION APPLIED FOR: Volunteer Firefighter

IDENTIFICATION INFORMATION

 Last Name First Name Middle Name

 Social Security Number (REQUIRED INFO) Date of Birth (REQUIRED INFO) Drivers License Number / State (REQUIRED INFO)

 Mailing Address

 Physical Address

 Home Phone Cell Phone Work Phone

 Email Address

EMERGENCY CONTACT INFO

 Emergency Contact / Relationship Phone

 Emergency Contact / Relationship Phone

 Emergency Contact / Relationship Phone

GENERAL QUESTIONS

- Have you ever filed an application with us before? Yes No
- Have you ever been employed with us before? Yes No
- Do any of your friends or relatives work here? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country?
Because of Visa or Immigration Status? Yes No
- Have you ever been convicted, entered a plea of guilty, no contest, or similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction? (A criminal history may not automatically bar you from acceptance, but failure to disclose could result in denial.) If yes please explain on back. Yes No

Date Available for work _____

Are you available to work: Full time Part Time Temporary Volunteer

Are you currently on "lay-off status and subject to recall? Yes No

Note to applicants: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of the position, for which you are applying, either with or without a reasonable accommodation? Yes No

EDUCATION (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

High School	Location	# of years	Did you graduate?	Course of study/degree
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College	Location	# of years	Did you graduate?	Course of study/degree
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College	Location	# of years	Did you graduate?	Course of study/degree
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Other	Location	# of years	Did you graduate?	Course of study/degree
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Licenses, Certifications or Registrations	Where issued	Date issued	Expiration date
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Licenses, Certifications or Registrations	Where issued	Date issued	Expiration date
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EMPLOYMENT AND/OR VOLUNTEER HISTORY (START WITH CURRENT/LAST POSITION HELD – ATTACH ADDITIONAL PAGES IF NECESSARY)

Company Name	Address	Phone number	
Employed (Mo/Yr) From:	To:	Okay to Contact? (yes/no)	Reason for leaving?
Your title	Monthly Salary	Immediate Supervisor	
Specific Duties			
No. of Employees Supervised			

Company Name	Address	Phone number	
Employed (Mo/Yr) From:	To:	Okay to Contact? (yes/no)	Reason for leaving?
Your title	Monthly Salary	Immediate Supervisor	
Specific Duties			
No. of Employees Supervised			

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Your title	Monthly Salary	Immediate Supervisor	
Specific Duties			
No. of Employees Supervised			

List any other professional, trade, business or civic activities and offices held.

SPECIAL SKILLS: (IF YOU HAVE OTHER SKILLS OBTAINED THROUGH HOBBIES, VOLUNTEER WORK ETC., RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE DESCRIBE)

SPECIAL EQUIPMENT: (LIST MACHINES/EQUIPMENT THAT YOU CAN OPERATE WHICH ARE NECESSARY OR USEFUL TO THIS POSITION)

LANGUAGES: (LIST ANY LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK FLUENTLY)

REFERENCES

Name	Address	Phone

I here by declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if I am selected to be a member/employee, any misstatement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising there from.

This application for membership/employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for membership/employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the member/employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" membership/employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Date _____

Remarks:

Membership/Employment Accepted Yes No Start Date _____

Applicant notified Yes No Date _____

Position Title _____ Hourly Rate/Stipend _____

By _____
Name and title Date

- Background Check completed and approved
- W-4
- I-9 (employees)
- Info into ERS
- Info sent to payroll
- Orientation
- BVFF Insurance and Pension (volunteers)
- Trusteed Insurance (employees)
- Retirement (employees)

**SUBJECT RELEASE & BACKGROUND CHECK AUTHORIZATION
MASON COUNTY FIRE DISTRICT 6**

Mason County Fire District 6 is authorized to do a background investigation on me in the course of consideration of employment and/or volunteering. I voluntarily and knowingly authorize any law enforcement agency, state, county, or federal agency, present employer or supervisor, past employer or supervisor, administrator, finance bureau/office, credit bureau, collection agency, college, university, or other institution of learning or certificate, private business military branch, or the National Personal Records Center, personal references, and/or other persons to give record or information they may have concerning my workers' compensation claim history, and name of employer, criminal history, motor vehicle history, earnings history, credit history, character, and employment records, or any other information requested. I voluntarily and knowingly unconditionally release any named or unnamed information from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. This authorization shall remain in effect for 6 (six) months from the date of the claimant's signature.

Full Name (Last, First, Middle)

Former/Maiden/Other Names Used

Driver's License # / State

Name as it is on license

Home phone

Cell phone

ADDRESSES FOR THE LAST SEVEN YEARS

Address	City	State & Zip Code	Mo/Yr to Mo/Yr
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Address	City	State & Zip Code	Mo/Yr to Mo/Yr
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Address	City	State & Zip Code	Mo/Yr to Mo/Yr
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Address	City	State & Zip Code	Mo/Yr to Mo/Yr
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Address	City	State & Zip Code	Mo/Yr to Mo/Yr
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NON-EMPLOYER RELATED INFORMATION REQUIRED FOR BACKGROUND CHECK

Date of birth

Gender: M/F

I understand that the information at the top of this page is for investigation only. I further acknowledge that my date of birth and gender are to be used for outside investigative purposes, where this search criteria may be required by certain agencies, and will not effect my application status.

Signature

Date