

PEND OREILLE FIRE DISTRICT 4



**LIMITED TERM FIREFIGHTER / EMT
APPLICATION PACKET**



PEND OREILLE FIRE DISTRICT 4
LT FIREFIGHTER / EMT APPLICATION

11 Dalkena Street
Newport, WA 99156
509-447-2476
Pofd4.org

Date: _____

Position Applying For: LIMITED TERM FIREFIGHTER / EMT

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Work: _____

Email Address: _____

Social Security Number: _____/_____/_____

Drivers License State/Number: _____/_____

Restrictions/Endorsements: _____

Traffic Situations: _____

Felony Convictions: _____

Education / Certificates

High School Diploma: Yes: _____ No: _____ GED: Yes _____ No: _____

College Degree: Yes: _____ No: _____ Area of Study: _____

EMT Basic Yes:____ No:____ State and license number:_____

IFSAC Firefighter 1 or equivalent Yes:____ No:____

ICS 100 Yes:____ No:____

ICS 200 Yes:____ No:____

ICS 700 Yes:____ No:____

ICS 800 Yes:____ No:____

S-130 Yes:____ No:____

S-190 Yes:____ No:____

Valid Driver's License Yes:____ No:____

Please list any other certifications that you believe will help you best serve this community:

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Work: _____

Health Information

Physician: _____ Phone: _____

Allergies: _____

Physical restrictions, limitations or disabilities: _____

Employment History

Present Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____ Start Date: _____

Previous Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____

Start Date: _____ End Date: _____

Firefighter/EMT Training or
Experience: _____

References:

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Work: _____

CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Official Use Only

Accepted ☐ Not Accepted ☐

Chiefs Signature: _____

Pend Oreille County Fire District 4 is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.



PEND OREILLE FIRE DISTRICT 4

Authorization for Release of Information

I hereby authorize Pend Oreille Fire District 4 to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for. I further acknowledge and agree that the District may:

- Contact my past or present employers
- Confirm the status of my driver's license and driving record
- Inquire into any criminal convictions on my record
- Contact any personal references provided
- Verify my educational background and training
- Review all social media accounts

I specifically authorize any person, firm or corporation contacted by Pend Oreille Fire District 4 to release any of the above records to the District. Additionally, I waive any privilege of confidentiality I may have with respect to said records.

Dated this _____ day of _____, 20_____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____/_____/_____

Printed Name: _____

Signature: _____