



Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Education:**

	Name & location of school	Date of completion	Degree / Cert.
High School			
College			
Other			

**EMS/FIRE Training:**

Do you have a First Aid Card? ____ CPR? ____		
Are you certified as an EMT or Paramedic? <input type="checkbox"/> Yes <input type="checkbox"/> No		State:
EMT level:	WA EMT #:	National Registry #:
<b>PLEASE ATTACH COPIES OF CERTIFICATIONS</b>		
Do you have any firefighting experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Length of service:
Name of Fire Department:		FD phone #: (     )
Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:                      Dates of service:
Type of discharge:		

**Employment:** (Please list present & past employment, starting with your current job)

Employer:	Phone: (     )	Supervisor:	From: Mo / Year	To: Mo / Year
Position:	Duties:			
Reason for leaving:				

Employer:	Phone: (     )	Supervisor:	From: Mo / Year	To: Mo / Year
Position:	Duties:			
Reason for leaving:				

--	--	--	--	--

**References:** (List name and phone number of three business/work references who are *not* related to you)

Name:	Phone: (     )
Name	Phone: (     )
Name	Phone: (     )

Have you ever been convicted of a felony?  Yes  No

If yes, explain:

Have you had any traffic violations within the last 5 years? If so, please list ALL:

**\*\*Failure to disclose fully may result in application denial\*\***

Membership with the CCFD requires a significant commitment of time on the applicant's part. We are a proud and dedicated group of community members responding to more than 2000 medical and fire calls each year. Members are required to participate in monthly meetings and trainings. The work can be physically demanding and emotionally challenging. It is often a thankless job with few tangible rewards and significant training and participation requirements. For all our members, the rewards of serving our community and helping those in need motivate us to volunteer. Please consider the significant time commitment involved before submitting your application.

1. I authorize the CCFD to conduct a background and driving check.
2. I authorize the CCFD to investigate all statements contained in this application as necessary.
3. I understand that false or misleading information given in my application or interview may result in denial or discharge.
4. I understand that I am required to abide by the Policies and Procedures of the CCFD.
5. I am available at least 8 hours a month for meetings and training and standby per the Policies and Procedures of the CCFD.

**Application must be COMPLETED and SIGNED with a copy of a VALID DRIVER LICENSE or it WILL NOT be accepted**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department use only**

Medical Exam? ____Yes ____No (first exam at applicant expense)	Results:	Date:
Agility Test:		
Interview:		
Driving Check:		
Background Check:		
Accepted by Interview Panel?      Yes              No		
Accepted by Fire Chief?      Yes              No		
If not accepted, reason:		
Date of resignation:		