

Marysville Fire District
Part Time Firefighter
Application Process

Return your application during business hours only (Monday – Friday,
8 a.m. – 4:30 p.m.) to (faxed or emailed applications are not accepted):

Marysville Fire District
1094 Cedar Avenue
Marysville, WA 98270
360-363-8500

Qualifications: (copy of certification MUST be attached to the application)

1. Emergency Medical Technician Basic (EMT) from WA State or the National Registry.
2. National Fire Protection Association (NFPA) Firefighter 1 Certification established by the International Fire service Accreditation Congress.
3. Valid Driver's Abstract: Obtained at the WA State Licensing (on-line report) is acceptable.
4. Current CPAT card: Date must be within one year of dated application.
5. High School Diploma or equivalent.



1094 Cedar Avenue
 Marysville, WA 98270
 (360) 363.8500

POSITION APPLYING FOR:
Part-time Firefighter

FOR INTERNAL USE ONLY:

APPLICATION FOR EMPLOYMENT

The District is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race and color, religion and creed, national origin, sex, marital status, HIV, AIDS, and hepatitis C status, honorably discharged veteran or military status, age, disability, pregnancy and maternity, sexual orientation and gender identity, use of a guide dog or other service animal, genetic information or any other protected class status.

AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.

NAME: _____ **TODAY'S DATE:** _____
 Last, First, Middle

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PREFERRED PHONE NO: () _____

EMAIL: _____

ARE YOU OVER THE AGE OF 18? YES NO

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

WHAT DATE ARE YOU AVAILABLE TO WORK? _____

EDUCATION/TRAINING:

TYPE OF SCHOOL	SCHOOL & LOCATION	
HIGH SCHOOL OR G.E.D.		Do not list date graduated
FF1 CERTIFICATION		Date completed: :
EMT CERTIFICATION		Date completed:
OTHER COURSES, DEGREE		Date completed:

Work Experience

- Describe in detail your work experience that meets the qualifications for this position.
- List other jobs you have held. Be sure to include your present job. Attach additional sheets if necessary.

Present or Last Employer	Date Started	Date Left:
Address	Supervisor/Phone	May we Contact?
		Yes No
Reason for Leaving:		

List your Job Title and Specific Duties:

Present or Last Employer	Date Started	Date Left:
Address	Supervisor/Phone	May we Contact?
		Yes No
Reason for Leaving:		

List your Job Title and Specific Duties:

Present or Last Employer	Date Started	Date Left:
Address	Supervisor/Phone	May we Contact?
		Yes No
Reason for Leaving:		
List your Job Title and Specific Duties:		
SPECIALIZED SKILLS AND ADDITIONAL INFORMATION: COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION:		

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING: Are you capable of performing the essential job functions, with or without reasonable accommodation, and the activities involved in the job or occupation for which you have applied? (A description of the activities in such a job or occupation is attached). **YES** **NO**

The Marysville Fire District is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to job performance. A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

Please read and initial the following carefully before signing this application:

Marysville Fire District is an equal opportunity employer and does not discriminate on the basis of gender, sexual orientation, age, race, and color, religion, marital status, national origin, disability, veteran status. Or any other basis prohibited by federal, state or local law. (_____ initial here).

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (_____ initial here).

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which later becomes known to the Marysville Fire District, will result in immediate termination of my employment. (_____ initial here).

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Marysville Fire District representatives any and all information regarding me and my previous employment. I release Marysville Fire District, and all previous employers and supervisors from liability for any damages that may result from furnishing information to Marysville Fire District. (_____ initial here).

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for illegal drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made. (_____ initial here).

I hereby acknowledge that I have read and understand the preceding statements.

Signature of Applicant

Date



AFFIRMATIVE ACTION INFORMATION

Position Applied For: _____ Date Applied: _____

The Marysville Fire District is committed to providing equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation, the presence of disability, or any other characteristic prohibited by law. **Providing this information is voluntary.** If you choose not to answer this question, you will not be subject to any adverse effects. This page will be separated from your application upon receipt.

Please circle appropriate response:

Gender: Male Female

Age: 18-39 40 or more

Ethnicity: Caucasian Native American
 African American Hispanic
 Asian Pacific Islander
 Other: _____