



Spokane County Fire District 8

Application Process and Instructions

Thank you for your interest in Spokane County Fire District 8. In order to accurately and efficiently complete the application process, please follow the instructions provided below.

The following forms must be complete and included:

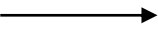
1



Application Form

**Indicate the position/s you are applying for
Remember to sign your application**

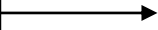
2



Required Training Documentation / Resume

**Attach documentation of training and/or certifications
Attach a current resume**

3



Abstract of Driving Record

**The applicant must provide a copy of their current drivers abstract
which may be obtained through the Department of Licensing**

Applications must be delivered or mailed to:

Spokane County Fire District 8
Human Resources
P.O. Box 345
12100 E. Palouse Highway
Valleyford, Washington 99036-0345

Questions may be directed to 509-926-6699

SPOKANE COUNTY FIRE DISTRICT 8



APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

Spokane County Fire Protection District 8

PO Box 345

12100 East Palouse Highway

Valleyford, WA 99036

(509) 926-6699

Position/s applying for: Career FF/EMT or Paramedic Part-Time FF/EMT or Paramedic Both

Name: _____
(In Full) Last First Middle

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Telephone Number: (____) _____ Alternate Number: (____) _____

E-mail Address: _____

Have you ever filed an application with us before? ____ Yes ____ No If yes, give date _____

Have you been employed with us before? ____ Yes ____ No If yes, give date _____

May we contact your current employer? ____ Yes ____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
____ Yes ____ No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available to work? _____

Have you been convicted of a felony within the last seven (7) years? ____ Yes ____ No
(Conviction will not necessarily disqualify an applicant from employment.)

Driver's License State: _____ Number: _____ Expiration Date: _____

For Internal Use Only:

	Date/Time Received	Required Documents	Disposition	
Updated: 09/01/2014				

Education

	Name and Address of School	Course of Study	Diploma Degree
Elementary School			
High School			
Undergraduate School			
Graduate School			
Other (Specify)			

Describe any specialized training, apprenticeship, skills or extra-curricular activities you believe to be relative to the position you are applying for.

Describe any job-related training in the United States Military.

Employment Experience

Beginning with your most recent or current employment

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Attach any additional employment experience

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience relative to the position you are applying for.

State any additional information you feel may be helpful to us in considering your 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 in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available with the current posting.

_____ Yes _____ No

References (with a work relationship)

1. _____ (_____) _____
Name Phone Number

Address

2. _____ (_____) _____
Name Phone Number

Address

3. _____ (_____) _____
Name Phone Number

Address



Spokane County Fire Protection District No. 8 Equal Employment Opportunity Information

Spokane County Fire District 8 is an Equal Opportunity Employer. The provided information will be detached from your application and kept confidential, used only for statistical reports and other lawful purposes. The information you provide will be used to monitor the Districts recruitment and selection practices.

THIS FORM IS VOLUNTARY AND WILL NOT IMPACT ANY EMPLOYEMENT DECISION

1. Date of Birth _____
2. Sex (check one): Male Female
3. Race/Ethnicity - Please check the one category which best describes your recognition in your community:
 - White** (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
 - Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - American Indian or Alaskan Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 - Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
4. Do you have a disability? Yes No. If yes, please check the type of impairment you have:
 - Hearing Mental
 - Mobility Multiple Disabilities
 - Visual Other (specify): _____
5. Veteran Status: Check the one box that best describes your veteran status:
 - Disabled Vietnam Era Veteran Vietnam Era Veteran
 - Disabled Veteran of Other Campaign or War Era Veteran of Other Campaign or War Era
 - Other Disabled Veteran Other Veteran
6. Where did you first learn of this position?
 - Newspaper Ad / Journal Ad Community Organization
 - Friend/Family Member / Internal Fire District 8 Website
 - Roadside Signs TV / Public Service Announcement
 - Radio
 - Other (please specify): _____