



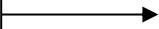
## Spokane County Fire Protection District No. 8

### Application Process and Instructions

Thank you for your interest in Spokane County Fire Protection District No. 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:

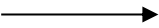
**1**



#### **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**

Spokane County Fire Protection District No. 8  
Human Resources  
P.O. Box 345  
12100 E. Palouse Highway  
Valleyford, Washington 99036-0345

If you have questions please contact the Fire District Office  
Email: [admin@scfd8.org](mailto:admin@scfd8.org)

Or  
509.926.6699

**SPOKANE COUNTY  
FIRE PROTECTION DISTRICT NO. 8**



**APPLICATION FOR EMPLOYMENT**



## APPLICATION FOR EMPLOYMENT

Spokane County Fire Protection District No. 8  
PO Box 345  
12100 East Palouse Highway, Suite 345 Valleyford, WA 99036  
(509) 926-6699

Position/s applying for: \_\_\_\_\_  
*If you qualify and/or are applying for more than one position, you only need to complete one application*

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

Would you like to be notified prior to contacting current employer? \_\_\_\_ Yes \_\_\_\_ No

Are you legally qualified to work in the United States?

\_\_\_\_ Yes \_\_\_\_ No

(Proof of legal qualification to work in the United States will be required upon employment)

Are you or have you ever served in the United States Military? \_\_\_\_ Yes \_\_\_\_ No

On what date would you be available to work? \_\_\_\_\_

For Internal Use Only:

	Date/Time Received	Required Documents	Disposition
Updated: 11.29.22			

## Education

	Name and Address of School	Course of Study	Diploma Degree
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No
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.
<hr/> <hr/> <hr/> <hr/> <hr/>

Licenses or Certifications				
License/Certification	Certifying Agency	Endorsements	Licensed Date	Expiration Date

## Employment Experience

**Beginning with your most recent or current employer. List all relevant work and volunteer experience. This section must be completed even if a resume is attached. This information is subject to verification.**

Employer:		Dates of Employment: From: _____ To: _____
Address:		Job Duties:
Telephone Number:		
Job Title:	Supervisor:	
Reason for Leaving:		
Employer:		Dates of Employment: From: _____ To: _____
Address:		Job Duties:
Telephone Number(s):		
Job Title:	Supervisor:	
Reason for Leaving:		
Employer:		Dates of Employment: From: _____ To: _____
Address:		Job Duties:
Telephone Number(s):		
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.

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State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: READ THE ANNOUNCEMENT AND POSITION DESCRIPTION BEFORE ANSWERING THE FOLLOWING QUESTION.

Are you capable of safely performing the essential functions of the position for which you applied, with or without a reasonable accommodation? Please review the job description for this position.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

### Professional References

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number  
\_\_\_\_\_  
Address

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number  
\_\_\_\_\_  
Address

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone Number  
\_\_\_\_\_  
Address

# Applicant's Statement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any of the persons and organizations listed on this application to give you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to conform to the rules and regulations of the District. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the District's sole option and without prior notice to me.

I also acknowledge that, unless otherwise defined by applicable law or bargaining unit or individual contract for employment, any employment relationship with this organization is of an "at will" nature, which means that the 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" 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 that no representative of the District has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other agreement which is contrary to this agreement.

I have read and understand this agreement.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date



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

Spokane County Fire Protection District No. 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 District's recruitment and selection practices.

*THIS FORM IS VOLUNTARY AND WILL NOT IMPACT ANY EMPLOYMENT DECISION*

1. Date of Birth \_\_\_\_\_
2. Sex (check one):  Male  Female  Other
3. Race/Ethnicity - Please check the one category which best describes your recognition in your community:
  - White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  - Black or African American** - 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** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - Asian** - 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** - 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** - All persons who identify with more than one of the above six 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
  - Road side signs  TV / Public Service Announcement
  - Social Media
  - Other (please specify): \_\_\_\_\_