



Riverside Fire Authority

1818 Harrison Avenue, Centralia WA 98531

360/736-3975 • Fax 360/330-5573

Application for Employment

NOTE: If you require any special accommodation in filling out this application, please call (360) 736-3975

Date of Application: _____

Application Score: _____

Position Applied for: *Please check one*

☐ FF/PM

☐ FF/EMT

☐ Administrative

Asst. Chief

☐ Volunteer

☐ Reserve

☐ Resident

Do you have a current EMT certificate?

☐ Yes ☐ No

☐ Currently Enrolled

Do you have a current Paramedic certificate?

☐ Yes ☐ No

☐ Currently Enrolled

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Primary Telephone _____

Are You 18 Years or Older? ☐ Yes ☐ No

Have you ever been employed by us before? ☐ Yes ☐ No If Yes, give dates: _____
From To

Relatives Employed by Riverside Fire Authority: _____
(Having a relative employed by the Authority will not necessarily bar you from employment)

Relationship: _____

RIVERSIDE FIRE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER AND SHALL NOT DISCRIMINATE AGAINST AN EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, OR PHYSICAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU SHOULD NOTIFY THE AUTHORITY'S HUMAN RESOURCE MANAGER IMMEDIATELY.

EMPLOYMENT EXPERIENCE

Beginning with your present or most recent employment, list all your work experience for at least the last ten years, including periods of self-employment, volunteer activities, & U.S. military service.

Attach separate sheets if necessary.

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer		☐ Yes	☐ No
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer		☐ Yes	☐ No
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer		☐ Yes	☐ No
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

EMPLOYMENT EXPERIENCE CONTINUED

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer ☐ Yes ☐ No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer ☐ Yes ☐ No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer ☐ Yes ☐ No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

EDUCATION

High School:		Address:	
Years Completed:	Did you graduate?	☐ YES ☐ NO	Degree:
College		Address:	
Years Completed:	Did you graduate?	☐ YES ☐ NO	Degree:
Technical School		Address:	
Years Completed:	Did you graduate?	☐ YES ☐ NO	Degree:
Other School/Training		Address:	
Years Completed:	Did you graduate?	☐ YES ☐ NO	Degree:

CERTIFICATION INFORMATION

List only current certifications- photocopies required at interview

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			

Hazardous Material Level ☐ Responder/WMD ☐ Technician ☐ Other:

Fire Fighter Level ☐ IFSAC FFI ☐ IFSAC FFII ☐ Other:

Wildland ☐ NWCG FFI ☐ NWCG FFII ☐ Other:

Do you possess a current Driver's License? ☐ YES ☐ NO

CDL? ☐ YES ☐ NO CLASS:

Please Indicate any FOREIGN languages you speak, write, and/or read.

	FLUENT	GOOD	FAIR
SPEAK			
WRITE			
READ			

ADDITIONAL INFORMATION

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

EMS/FIRE service-related training not listed above.

EMS/FIRE Affiliations not listed above.

Summarize special Job-related skills and qualifications acquired from employment or other experience.

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

REFERENCES/BUSINESS AND PERSONAL

1.

<i>Name:</i> _____	<i>Phone Number:</i> _____
<i>Address:</i> _____	<i>Relationship-i.e. friend, co-worker:</i> _____

2.

<i>Name:</i> _____	<i>Phone Number:</i> _____
<i>Address:</i> _____	<i>Relationship-i.e. friend, co-worker:</i> _____

3.

<i>Name:</i> _____	<i>Phone Number:</i> _____
<i>Address:</i> _____	<i>Relationship-i.e. friend, co-worker:</i> _____

4.

<i>Name:</i> _____	<i>Phone Number:</i> _____
<i>Address:</i> _____	<i>Relationship-i.e. friend, co-worker:</i> _____

DRIVING RECORD

To be completed with application. This does not take the place of a WA State Driving Record which you may be asked to provide.

Name: _____
(Please Print) (Last, First, Middle Initial)

Social Security Number _____ Driver's License Number _____

List any notices of infraction or traffic citations which you have received in the past 5 years.

If more space is needed, please attach additional sheets of paper

STATE	MONTH/YEAR	TYPE OF INFRACTION

Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years of age and will be required to present a valid Washington State driver's license with any necessary endorsements. Applicants may be disqualified under the following circumstances:

Violations More than two moving violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents More than one motor vehicle accident within the preceding three years for which the applicant a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

Infractions or citations will not necessarily remove you from consideration, but Riverside Fire Authority will consider your driving record and insurability when making employment decisions. The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Applicant's Signature: _____ Date: _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete, and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee. I recognize that completion of this application does not mean that I will be accepted as an employee and does not obligate Riverside Fire Authority to accept me as an employee. If accepted for employment, I agree to abide by all rules, regulations and policies established by the RFA and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will (unless otherwise notified), which means either RFA or I can terminate employment for any reason or no reason. This application is not an agreement or contract for employment. If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the duties of my then current position with Riverside Fire Authority.

Initial _____

I understand that I may be required to undergo drug screening tests as a condition of my employment. To comply with this requirement, I consent to providing a sample of my urine and/or other physical samples (such as blood or hair) after I am offered the position and prior to the start date of my position and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by Riverside Fire Authority as a condition of my employment, and I hereby give my consent to the release of all information which Riverside Fire Authority deems necessary to determine my ability to perform the essential duties of my position now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate termination of my employment with Riverside Fire Authority.

Initial _____

I hereby authorize Riverside Fire Authority to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release Riverside Fire Authority and informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I agree to immediately notify (24 hours) Riverside Fire Authority of any instance in which I am arrested or convicted of any felony or misdemeanor.

Initial _____

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my position with Riverside Fire Authority may be terminated. I agree to immediately notify (within 24 hours) Riverside Fire Authority if I learn that I am being excluded from participation in any federal or state healthcare programs.

Applicant's Signature: _____ Date: _____

Printed Name: _____

VETERAN'S STATUS DECLARATION

Name _____
Last First Middle Initial

Date _____

RCW 41.04.010 provides veteran's scoring criteria status to be added to the passing grade of certain veterans.
RCW 41.04.007 "Veterans" defined for certain purposes.
RCW 73.16.010 provides for preference in public employment.

1. I certify that:

- a. I have been released from active military service or I am in receipt of separation order; AND
- b. I received an honorable discharge or discharge for medical reasons with an honorable record.

Yes ☐ No ☐

IF YOU ANSWERED "NO" TO THE ABOVE, YOU ARE NOT ELIGIBLE FOR VETERAN'S SCORING CRITERIA STATUS.

2. Have you been appointed to a position with a state, county or municipal; or other subdivision of the State of Washington AFTER you were eligible for veteran's points?

Yes No

If "Yes" Job Title: _____ Date Appointed: _____

Employer: _____

IF YOU ANSWERED "YES" TO THE ABOVE, YOU ARE NOT ELIGIBLE FOR VETERAN'S SCORING CRITERIA STATUS.

3. Scoring Criteria Status Claimed (Check one if you are eligible):

- ☐ Ten Percent (10%) to a veteran who served during a period of war or in an armed conflict as defined in RCW 41.04.005 and does not receive military retirement. The percentage shall be added to the passing mark, grade or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional exams.
- ☐ Five Percent (5%) to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW 41.04.005 or is receiving military retirement. The examinations until the veterans first appointment. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional exams.

VETERAN'S STATUS DECLARATION CONTINUED

Please attach a copy of your United States Department of Defense discharge document, DD Form 214, National Guard Bureau Report of Separation & Service NGB Form 22 or other equivalent or successor discharge paperwork (DD Form 214WS Worksheet, USDVA Verification Letter, Statement of Military Service) that characterizes your service as honorable.

I certify that to the best of my knowledge I am entitled to the veteran's scoring criteria status as set forth in RCW 41.04.010 or the veteran's preference as set forth in RCW 73.16.010, and that by falsely claiming veteran's status I will be disqualified from employment with Riverside Fire Authority.

Applicant's Signature: _____ Date: _____

Printed Name: _____



RIVERSIDE FIRE AUTHORITY

Prepare · Prevent · Save · Serve

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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Riverside Fire Authority** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Riverside Fire Authority ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

Signature: _____ Date: _____

Proudly Serving the Citizens of NW Lewis County

Stations at Centralia · Hanaford Valley · Seminary Hill · Cooks Hill
Lincoln Creek · Independence · Garrard Creek
www.riversidefire.net