

South Thurston Fire & EMS

Serving Tenino, Gibson Valley, Skookumchuck and Violet Prairie

187 Hodgden St.S.

Post Office Box 4010

Tenino, Washington 98589

(360) 264-4116

Fax (360) 264-5155

www.tcfcd12.org



Member Application

Please type or print in ink

Position applied for:	Date
Application Type <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Resident Firefighter <input type="checkbox"/> EMT <input type="checkbox"/> Career Firefighter/EMT	

Personal Data

Name (Last, First, Initial)	DOB:	Social Security #:
Street Address	City	State
Mailing Address (if different)	City	State
Driver's License No. and State	Home Phone	Cell Phone
Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment) <input type="checkbox"/> Yes If yes, please explain date, charge, place and action taken: (Use back of page if necessary) <input type="checkbox"/> No		

Education

School Name and Location (attach additional sheet if more space is needed)	Number of years	Did you graduate?	Course of Study/Degree
High School			
College			
Other			
List Licenses, Certificates or Registrations	Where Issued	Issue Date	Expiration Date

References (Please do not list relatives)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

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Employment and/or Volunteer History: Start with current/last position helm. Attach additional pages if necessary. You may attach a resume, but this section must be completed.

Company Name: _____		Employed (Month/Year)	
Company Address: _____		From:	
		To:	
Phone ____ - ____ - ____	City State Zip	Reason for leaving:	
	Okay to Contact? YES NO	Your Title:	
		Monthly Salary:	
Specific Duties:			
		Number Employees Supervised:	
Immediate Supervisor:			

Company Name: _____		Employed (Month/Year)	
Company Address: _____		From:	
		To:	
Phone ____ - ____ - ____	City State Zip	Reason for leaving:	
	Okay to Contact? YES NO	Your Title:	
		Monthly Salary:	
Specific Duties:			
		Number Employees Supervised:	
Immediate Supervisor:			

Company Name: _____		Employed (Month/Year)	
Company Address: _____		From:	
		To:	
Phone ____ - ____ - ____	City State Zip	Reason for leaving:	
	Okay to Contact? YES NO	Your Title:	
		Monthly Salary:	
Specific Duties:			
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Special Skills

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

Special Equipment

List machines/equipment that you can operate which are necessary or useful

Languages

List any languages other than English that you speak fluently.

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Preferences

Do you qualify for veterans' preference? (if yes, please attach copy of DD214)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you previously claimed veterans' preferences and been appointed to a position with a county, municipal government, or other political sub-division of the state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently receiving veterans' retirement payments or other survivors' benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently a member of South Thurston Fire & EMS or another department?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that if I am selected to be a member, any misstatement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising there from.

I understand that membership/employment with South Thurston Fire & EMS is at will. This means that both I and South Thurston Fire & EMS are free to terminate the employment relationship at any time, with or without cause or advance notice, and without compensation except for time actually worked, provided the termination is not done for a discriminatory reason in violation of the law.

Signature

Date

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You may use the back space to provide additional information, if needed.

Driving Record Information

Please list all traffic violations and collisions for the past five (5) years:

List all convictions, warrants:
