

# COWLITZ COUNTY FIRE DISTRICT 6

Post Office Box 205 • Castle Rock, WA 98611-0205  
(360) 274-4413 • Fax (360) 274-3151  
www.cowlitz6fire.org



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## **APPLICATION INSTRUCTIONS**

*READ CAREFULLY AND COMPLETE EACH STEP*

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### **Complete the Application Fully**

Complete the basic two page application fully. We need all the information requested to successfully process your application.

### **Attach Required Copies**

You will need to attach legible copies of the following documents with your application:

- Washington State Driver's License or ID Card; it must be valid and not expired.
- High School Diploma or GED
- 3 Year Abstract of your Driver's Record; you must obtain this from any Department of Licensing office.
- Copy of your Washington State EMT-B (or higher) certification; it must be valid and not expired.
- Copies of any other training certifications or certificates appropriate for the position sought.

### **Release of Information**

Must be signed.

### **Answer the Questions on the Criminal History Form**

Mark the box(es) that apply to you on the form; if none apply then be sure to mark the bottom box.

### **Submit the Application**

When the application is complete and all required copies are attached, turn in the original application. You may drop off in person, mail, fax, or email.



**Cowlitz County Fire District 6**  
**Employment / Volunteer Application**

Notice to Applicants: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of the State of Washington also prohibit some of the above as well as discrimination based on ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restriction with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited. Cowlitz County Fire District 6 is firmly opposed to discrimination of any kind and is an equal opportunity employer.

**PLEASE COMPLETE THIS APPLICATION FULLY --- PRINT CLEARLY**

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 (If Different)

Are you legally eligible for employment in the United States of America? YES  NO

Are you over the age of eighteen? YES  NO

Do you reside inside the geographical boundaries of Cowlitz County Fire District 6? YES  NO

Have you been convicted of a felony, violent crime, or a crime against vulnerable adults/children? YES  NO

**POSITION**

Position Applied For: **\*\*\*SELECT POSITION FROM THE LIST BELOW\*\*\***

Position Status: PAID  VOLUNTEER

What is the earliest date you would be available for work in this position? \_\_\_\_\_

**EMPLOYMENT HISTORY (Volunteer History is Below)**

Please list your present and past employment for the past five (5) years, beginning with the most recent.

Name and Address of Employer	Dates Employed		Last Rate of Pay/Salary	Reason for Leaving	Name of Last Supervisor
	From	To			
			Describe the work you did:		
Phone:					

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	From	To			
			Describe the work you did:		
Phone:					

Name and Address of Employer	Dates Employed		Last Rate of Pay/Salary	Reason for Leaving	Name of Last Supervisor
	From	To			
			Describe the work you did:		
Phone:					

**VOLUNTEER HISTORY (Employment History is Above)**

Please list your present and past volunteer history for the past five (5) years, beginning with the most recent.

Name and Address of Organization	Dates Volunteered		Last Compensation (If Any)	Reason for Leaving	Name of Last Supervisor
	From	To			
			Describe the work you did:		
Phone:					

Name and Address of Organization	Dates Volunteered		Last Compensation (If Any)	Reason for Leaving	Name of Last Supervisor
	From	To			
			Describe the work you did:		
Phone:					

Name and Address of Organization	Dates Volunteered		Last Compensation (If Any)	Reason for Leaving	Name of Last Supervisor
	From	To			
			Describe the work you did:		Test
Phone:					

**EDUCATION AND TRAINING**

Please list all educational achievements and training courses listed and add others that apply to this position.

Course Title	School / Agency / or Instructor Name	Location (City, State)	Date Completed
High School Diploma / GED (List here if Applicable)			
College Degree (List here if Applicable)			
Firefighter I or Recruit Academy (List here if Applicable)			
EMT or Paramedic (List here if Applicable)			
Firefighter I or Recruit Academy (List here if Applicable)			
Other Training (List here if Applicable)			
Other Training (List here if Applicable)			
Other Training (List here if Applicable)			

**PERSONAL REFERENCES**

Please list the names of three persons who are NOT FORMER EMPLOYERS, SUPERVISORS, OR FAMILY MEMBERS who we can contact regarding your background.

Name	Relationship	Home Phone	Other Phone

PLEASE READ AND SIGN BELOW: The facts set forth in this application are true and complete. I understand that any false or misleading statement on this application may result in my future dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Chief of Cowlitz County Fire District 6 has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only when in writing signed by all parties involved. Furthermore, I certify that I understand that Cowlitz County Fire District 6 is a public safety agency and that all applicants and employees are subject to extensive criminal and personal background investigations. I hereby give my permission to contact the employers, schools, agencies, and persons listed above. For myself, my heirs, assigns or other successors in interest, I do hereby release and forever discharge Cowlitz County Fire District 6, its agents, officers, and employees for any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever known or unknown including but not limited to negligence which I may incur to me resulting from this application process, hiring process, and/or background investigation.

"I swear under penalty of perjury under the laws of the laws of the State of Washington that the above disclosures are true and correct. I understand that any misrepresentation or falsification of this document could subject me to prosecution for perjury and will cause me to become ineligible for current or future employment"

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Authorization to Release Information**

To: \_\_\_\_\_

*Applicant – Leave Blank*

I authorize you to furnish Cowlitz County Fire District 6 with any and all information that you have concerning me, my work record, my reputation, my medical information, and my financial status. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documentation, if requested. The information will be used for the purpose of determining my eligibility for employment with Cowlitz County Fire District 6.

I hereby release you; your organization and others from any liability or damage with may or could result from furnishing the information requested.

This form or a copy may be retained in your files and a photocopy reproduction shall be, for all intents and purposes, as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **Notice of Criminal History Inquiry - Criminal History Disclosure**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*Cowlitz County Fire District 6 is required by RCW 43.43.830 to investigate the criminal history of all applicants. This investigation will disclose convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitation of a vulnerable adult, and certain civil adjudications. Any conviction for any crime in the above categories shall make the applicant ineligible for membership or employment with Cowlitz County Fire District 6. Any information found in this investigation will be reported to the applicant if requested.*

You are required to make the following disclosure and answer the following questions; mark the box to the left of each question that applies. Have you been:

- Convicted of any crime committed against a person;
- Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- Convicted of crimes related to drugs as defined in RCW 43.43.830;
- Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult; **OR**
- None of the above statements apply to me.**

*I swear under penalty of perjury under the laws of the laws of the State of Washington that the above disclosures are true and correct. I understand that any misrepresentation or falsification of this document will subject me to prosecution for perjury and will cause me to become ineligible for continued/current membership or employment.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_