

PORT LUDLOW FIRE & RESCUE



MEMBERSHIP APPLICATION

7650 OAK BAY ROAD, WA 98365
PHONE 360-437-2236

INSTRUCTIONS: PRIOR TO COMPLETING THIS APPLICATION, PLEASE CAREFULLY READ THE QUALIFICATIONS FOR EDUCATION AND EXPERIENCE ASSOCIATED WITH THE POSITION AS DESCRIBED IN THE JOB ANNOUNCEMENT OR JOB DESCRIPTION. FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY EXCLUDE YOU FROM THE SELECTION PROCESS.

**APPLICATIONS MUST BE COMPLETED IN FULL
RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATION**

POSITION YOU ARE APPLYING FOR (Check One)

VOLUNTEER: RESIDENT: OTHER: (write in position) _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREFERRED CONTACT TELEPHONE NUMBER _____

ALTERNATIVE CONTACT TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

(CANDIDATE EMPLOYER OR REFERENCES WILL NOT BE CONTACTED UNTIL PERMISSION IS RECEIVED BY CANDIDATE)

IF ACCEPTED, CAN YOU PROVIDE PROOF OF ELIGIBILITY FOR EMPLOYMENT IN THE U.S.A.? YES NO

AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO

IF YES, PLEASE STATE ALL DETAILS ON BACK OF APPLICATION UNDER "ADDITIONAL INFORMATION".

NOTE: CONVICTIONS WILL BE EVALUATED ON A CASE-BY-CASE BASIS AND DO NOT AUTOMATICALLY DISQUALIFY YOU FOR EMPLOYMENT.

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN DUE TO MISCONDUCT OR UNSATISFACTORY SERVICE?

YES NO

IF YES, PLEASE STATE ALL DETAILS ON BACK OF APPLICATION UNDER "ADDITIONAL INFORMATION".

PORT LUDLOW FIRE & RESCUE IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS ALL APPLICATIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR DISABILITY OF ANY PERSON OR ANY OTHER LEGALLY PROTECTED STATUS PURSUANT TO FEDERAL, STATE, AND LOCAL LAWS.

EDUCATIONDo you have a High School Diploma? YES NO GED Certificate? YES NO

	HIGH SCHOOL	COLLEGE/UNIVERSITY	OTHER
SCHOOL NAME			
CITY AND STATE			
YEARS COMPLETED (CIRCLE)	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE OR COURSE OF STUDY (INCLUDE ANY HONORS)			

LIST SPECIALIZED SKILLS, EXPERIENCE, TRAINING AND QUALIFICATIONS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR THIS POSITION
PLEASE ATTACH COPIES TO THE APPLICATION (USE ADDITIONAL SHEETS IF NEEDED)

OTHER SPECIALIZED TRAINING OR SKILLS

LANGUAGE, OFFICE EQUIPMENT, COMPUTER SOFTWARE, MACHINE/EQUIPMENT OPERATIONS, ETC.

PROFESSIONAL MEMBERSHIPS

MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS RELATED TO THE POSITION FOR WHICH YOUR ARE APPLYING

WORK EXPERIENCE

List your present or most recent job first; list each promotion separately; include self employment and US military service. List ALL positions you have held within the last ten years. Identify and explain any lapses between positions. If you need more space, you may attach additional sheets. NOTE: A resume may be attached, but will not substitute for completion of this section. The information provided in this application and any supplemental questionnaires required will form the sole basis for any decision to advance in the selection process.

ORGANIZATION			TITLE	
ADDRESS				
DATES OF EMPLOYMENT	FROM	TO	STARTING SALARY	ENDING SALARY
NAME/TITLE OF SUPERVISOR				PHONE
DUTIES				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? YES <input type="radio"/> NO <input type="radio"/> INITIAL _____ IF NO, WHY NOT?				

ORGANIZATION			TITLE	
ADDRESS				
DATES OF EMPLOYMENT	FROM	TO	STARTING SALARY	ENDING SALARY
NAME/TITLE OF SUPERVISOR				PHONE
DUTIES				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? YES <input type="radio"/> NO <input type="radio"/> INITIAL _____ IF NO, WHY NOT?				

ORGANIZATION			TITLE	
ADDRESS				
DATES OF EMPLOYMENT	FROM	TO	STARTING SALARY	ENDING SALARY
NAME/TITLE OF SUPERVISOR				PHONE
DUTIES				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? YES <input type="radio"/> NO <input type="radio"/> INITIAL _____ IF NO, WHY NOT?				

ORGANIZATION			TITLE	
ADDRESS				
DATES OF EMPLOYMENT	FROM	TO	STARTING SALARY	ENDING SALARY
NAME/TITLE OF SUPERVISOR				PHONE
DUTIES				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? YES <input type="radio"/> NO <input type="radio"/> INITIAL _____ IF NO, WHY NOT?				

ORGANIZATION			TITLE	
ADDRESS				
DATES OF EMPLOYMENT	FROM	TO	STARTING SALARY	ENDING SALARY
NAME/TITLE OF SUPERVISOR				PHONE
DUTIES				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? YES <input type="radio"/> NO <input type="radio"/> INITIAL _____ IF NO, WHY NOT?				

