

VOLUNTEER APPLICATION



BENTON COUNTY FIRE DISTRICT No.6

P.O. BOX 218

PATERSON, WA 99345

(509) 875-2029

RETURN COMPLETED APPLICATION TO:

BENTON COUNTY FIRE DISTRICT No.6

P.O. BOX 218

PATERSON, WA 99345

OR DELIVER TO THE PATERSON STATION

48001 PRIOR ROAD

PATERSON, WA

Application for Volunteer Firefighter

Benton County Fire District No.6 is an Equal Opportunity Fire District and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For: VOLUNTEER FIREFIGHTER	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?
Are you currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?
Have you ever been a volunteer for BC6?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, dates of employment & reason for leaving:
Are you related to any current member of BC6?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity at? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> BC6 Flyer/Letter <input type="checkbox"/> Website <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

EDUCATION

Name/Location of School	Did you graduate?	Degree/Certification received
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.		

WORK EXPERIENCE-Please detail your work history for the past 3 years. Begin with your current or most recent employer. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Benton County Fire District No.6 reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Do not contact
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Do not contact
Primary duties:		Reason for Leaving:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain and provide dates.		
Are you on any medications or have physical limitations that may hinder firefighting activities or driving? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain (provide names of medications.)		
Emergency Contact Person and Relationship:		Emergency Contact Phone Number:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Benton County Fire District No.6 (BCFD6) to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that Volunteer employees of BCFD6 serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only. I understand that I will be hired on a volunteer basis and will not receive additional benefits from BCFD6. I understand that I will be employed on a volunteer basis and may not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal

Applicant Signature: _____

Date: _____

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