SOUTH KING FIRE & RESCUE
EMPLOYMENT APPLICATION

Applicant Name:_____ Date::_____

Position Applied For:_____

NOTICE:
Application must be typewritten or clearly printed. All questions must be answered. All attached forms must be completely filled out and signed. Applications that are not complete and legible will not be considered. If space provided is not sufficient
and you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. This application will be considered active for one year.

South King Fire & Rescue is an Equal Opportunity Employer. We do not discriminate in any unlawful way against race, religion, age, color, sex, national origin, marital status, qualified individuals with a disability or any other legally protected status.

South King Fire & Rescue will provide reasonable accommodation for qualified individuals with known disabilities. We request that you provide us with the information regarding the reasonable accommodation we could make in order for you to perform the key essentials of the job properly and safely. Additionally, an applicant with a disability who needs an accommodation during the application or interview process should request the accommodation from the Human Resources Department.

ALL APPLICANTS MUST SIGN THE FOLLOWING:

Applicants for the position of firefighter will be required to pass a rigid physical agility test. I understand that I will be required to sign waivers authorizing reference checks, a background investigation, driving record investigation, a physical examination including drug and/or alcohol testing and a psychological examination. I understand that any offer of employment is contingent upon successful passing of all the above.

I hereby certify there are no misrepresentations or falsifications of statements and/or answers to questions herein. I am aware that should an investigation disclose such misrepresentations, omissions and/or falsifications, my application may be rejected. I am further aware that misrepresentations, omissions and/or falsifications, whenever discovered, will constitute grounds for immediate dismissal.

I understand and agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

_____
(Signature of Applicant)

_____
(Print Name of Applicant)

_____
(Date)

1. PERSONAL INFORMATION:

Name:_____
First *Middle* *Last*

Address:_____
Street *City* *State* *Zip*

Phone Number:_____ Cell/Message Phone: _____

Social Security No.:_____ How long at above address? _____

List any other names (with dates) you have used that may affect employment/reference verification:

_____

List any relatives working at South King Fire & Rescue (previous or present): _____

List your addresses for the past seven years:

_____
_____
_____
_____
_____
_____
_____

Will you be at least 21 years of age at time of hire?

☐ Yes ☐ No

Are you legally eligible for employment in this country? (Proof of U.S. Citizenship or immigration status will be required upon
Employment).

☐ Yes ☐ No

Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? (See Position Description)

☐ Yes ☐ No

Do you have a valid Drivers License for automobiles?

☐ Yes ☐ No What State? _____ Drivers License Number: _____

Have you been convicted of a felony or released from prison for any offense in the last seven years?

☐ Yes ☐ No (A conviction will not necessarily bar you from employment.)

If Yes, please explain on a separate sheet if paper.

2. EDUCATION:

High School attended: _____ Location: _____

City *State*

Diploma Received?

☐ Yes ☐ No

College(s) attended: _____ Location: _____

City *State*

Course of Study: _____ Degree Received: _____

Other training not included above, i.e., military schools, correspondence courses, etc.: (Use additional sheets if needed).

COURSE	WHERE TAKEN	LENGTH OF COURSE	DATES

3. FIRE SERVICE TRAINING:

Have you ever been a volunteer firefighter? ☐ Yes ☐ No

If Yes, Where? _____

District Name *City* *State* *Phone Number*

List all fire or medical service training received, including dates:

_____

_____

_____

4. EMPLOYMENT:

List your complete work history, starting with your *PRESENT* position first and working backward through your experience. Explain any period of gaps or unemployment. Specify whether reason for leaving was voluntary or involuntary.

(a) Current or most recent employer:

_____
Name *City* *State*

Phone Number: _____ Employed from _____To: _____ (Month/Year)

Job Title/Duties Performed: _____

Reason for Leaving: _____

Supervisor Name & Title: _____May we contact for a reference? _____YES _____NO

(b) Employer:

_____
Name *City* *State*

Phone Number: _____ Employed from _____To: _____ (Month/Year)

Job Title/Duties Performed: _____

Reason for Leaving: _____

Supervisor Name & Title: _____May we contact for a reference? _____YES _____NO

(c) Employer:

_____
Name *City* *State*

Phone Number: _____ Employed from _____To: _____ (Month/Year)

Job Title/Duties Performed: _____

Reason for Leaving: _____

Supervisor Name & Title: _____May we contact for a reference? _____YES _____NO

_____

5. MILITARY SERVICE:

If you were in the Armed Forces, have you been honorably discharged? ☐ Yes ☐ No ☐ N/A

If applicable, list your Military education, training, or work experiences that relate to the position for which you are applying:

_____
_

_____
_

AUTHORIZATION FOR MEDICAL TESTING

I understand that before any offer of employment is finalized, I will be required to submit to the following tests: blood, urine and/or other medical testing for alcohol, drugs, and controlled substances at a Fire District selected medical facility at the District's expense. Prior to testing, I agree to sign the District's form wherein I will agree to submit to such testing and authorize the release of the results to the District. If test results demonstrate the presence of unprescribed drugs, controlled substances, or a blood alcohol level, I understand that I will not be permitted to commence work for the District, at this time.

I hereby give my voluntary consent for South King Fire & Rescue and a medical facility selected by the District (1) to collect blood and/or urine samples from me and to test for the presence of alcohol, drugs and/or controlled substances; and (2) to conduct further medical tests as the District deems necessary or advisable to verify the results of the blood and/or urine sample testing.

_____
(Signature of Applicant)

_____
(Print Name of Applicant)

_____
(Date)

AUTHORIZATION FOR PSYCHOLOGICAL TESTING

I understand that before any offer of employment is finalized, I will be required to submit to a Psychological examination at a Fire District selected facility at the District's expense. Prior to testing, I agree to sign the District's form wherein I will agree to submit to such testing and authorize the release of the results to the District. If test results demonstrate the potential of performance deficiencies, I understand that I may not be permitted to commence work for the District, at this time.

_____
(Signature of Applicant)

_____
(Print Name of Applicant)

_____
(Date)

AUTHORIZATION FOR RELEASE AND USE OF MEDICAL & PSYCHOLOGICAL TESTING INFORMATION

I hereby authorize the medical facility selected by the District to release to South King Fire & Rescue, its Fire Chief and any such persons designated by its Fire Chief, all results of the alcohol, drug and/or controlled substance tests, Medical and Psychological examinations performed on me. I further authorize South King Fire & Rescue and its officers to communicate this information internally. The medical facility is authorized to communicate this information for a period of time 30 days after testing is completed.

_____
(Signature of Applicant)

_____
(Print Name of Applicant)

_____
(Date)

AUTHORIZATION FOR RELEASE AND USE OF EMPLOYMENT INFORMATION FROM PREVIOUS EMPLOYERS

I hereby authorize (list names of previous/present employers):

_____

_

_____

_

_____

_

to release to South King Fire & Rescue, its Fire Chief, and any such persons designated by its Fire Chief, information about my employment or academic history, including applications, qualifications and performance, also including applications for positions for which I was not hired. I also agree to release all parties, including but not limited to previous employers and South King Fire & Rescue, from all liability and damages that might result from furnishing this employment information. Finally, I agree that I will not bring any legal action, including but not limited to lawsuits or administrative agency charges against the above mentioned firm(s), based upon the employment information provided to South King Fire & Rescue.

_____
(Signature of Applicant)

_____
(Print Name of Applicant)

_____
(Date)

DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with South King Fire & Rescue**,** a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, public court records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL 32779. Toll-free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in our files related to your personal information at the time of your request. The nature and scope of the investigative consumer report will be information regarding Social Security History, Criminal/Civil History, Motor Vehicle History, Credit History, Employment Verifications, Worker's Compensation History, Education Verification, Sexual Offender Registry, and others deemed appropriate to the position**.** Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report. ☐

_____ **(_____)** _____ **(_____)** _____
Full Name (printed) Home Phone Work Phone

_____ _____ _____
Social Security Number Maiden or other name used Year last used Date of Birth

_____
Drivers License Number State

_____ _____
Signature Date