



Camano Island Fire & Rescue

Application Packet

Contents:

- Employment Application
 - a. Personal Information (Page 1)
 - b. Education (Page 1)
 - c. Employment History (Page 2)
 - d. District Rules of Employment (Page 2/3)
- Authorization to Release Information (Page 4)

Please fill out all forms completely. Additional pages may be attached as necessary. Return completed application via email to drunnels@camanofire.com or to the Administration Office with a copy of your **Washington State Driver's License and Resume.**

The Administration Office is open Monday – Friday from 8:30 am to 5:00 pm and we are located at 811 N. Sunrise Blvd., Camano Island, WA 98282.

If you have any questions regarding the application packet please feel free to contact Darci Runnels, HR Generalist at 360.505.7611 or drunnels@camanofire.com

CAMANO ISLAND FIRE & RESCUE

(Island County Fire District # One)

Herein after referred to as "The District"

EMPLOYMENT APPLICATION

PERSONAL INFORMATION						
Last Name			First		Middle	Date
Street Address					Home Phone: ()	
City, State, Zip Have you resided at this address at least 3 years? If no, give all prior addresses on supplement sheet.					Business Phone: ()	
Have you ever applied for employment with us? Yes No If yes: Month & Year _____ Location _____					Pay Expected:	
Type of Work Desired:					You may need to work overtime will such a requirement create a problem for you? Yes No	
Are you available for full time work? Yes No If not, what hours or schedule can you work?						
Are you legally eligible for employment in the United States? Yes No If no, why? Reason:					When will you be available to begin work?	
If under 18 years of age do you have a work permit? Yes No						
Any special training or skills (language, machine operation, etc.)				Email address:		
How did you learn of this opening?				Do you have relations working for this agency? If yes, give name and location.		
Have you ever worked for or are you acquainted with other employees from this district? If yes, please identify. Yes No Names: _____ Locations: _____						
EDUCATION						
School	Name and Location of School	Course of Study	No. Of Yrs. Completed	Did you Graduate	Degree or Diploma	
College						
High School						
Other						

Membership in Professional/Civic Organizations or Military Experience
(Exclude those which may disclose your race, color, religion, or national origin.)

EMPLOYMENT HISTORY

When listing former employers, start with your most recent employer. (Additional sheets available.)

1. Company Name	Address		
Telephone ()	Employed (State Month & Year) From	To	
Name of Supervisor	Describe your work		
Ending Job Title	Reason for leaving		
2. Company Name	Address		
Telephone ()	Employed (State Month & Year) From	To	
Name of Supervisor	Describe your work		
Ending Job Title	Reason for leaving		
3. Company Name	Address		
Telephone ()	Employed (State Month & Year) From	To	
Name of Supervisor	Describe your work		
Ending Job Title	Reason for leaving		

In evaluating your application we may contact the employers listed above unless you list below those you do not want us to contact and state a reason. List additional employers on a separate sheet.

Do Not Contact Employer Number _____
Reason:

DRUG POLICY

It is the policy of the District to maintain a drug/alcohol free workplace. Employees who are observed in possession, using or under the influence of such substances (drugs/alcohol) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your supervisor and the EAP (Employee Assistance Program) or the Personnel Officer.

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of the District and employment opportunities will NOT be limited because of race, color, religion, sex, handicap or nationality and will be so applied. The District affirmatively seeks to employ and advance qualified applicants in protected classes. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The District abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. The District complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation. You are to report violations to management or to the Personnel Officer.

NO EMPLOYMENT CONTRACT

I understand that if employed, I am employed AT WILL and that no contract between myself and the District is created, except the agreement on disputes below, by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing signed by the Board of Fire Commissioners. I reserve the right to terminate my employment at any time and the District has the same right at any time.

AGREEMENT ON CONDUCT AND DISPUTES

I agree to physical or other testing when such testing is part of a drug/alcohol testing program or reasonably necessary in determining job related abilities or reasonable expectation of successfully performing the job to the District's standards. I agree to abide by District's rules and policies including the prohibition against any form of sexual or other harassment of another employee or citizen. I agree to participate in Employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents including the policy statements.

Agreement to dispute resolution process and procedures of the District: In consideration for evaluating my application and/or providing me with employment, which I am seeking, desire to have and is of great value to me, I agree to resolve any manner of dispute that may arise between myself and the District through the Internal Grievance Procedures of District.

I recognize by agreeing to have my claims processed through the Internal Grievance Procedure of the District I am relinquishing my rights to other forms of dispute resolution, including all forms of litigation. I consider the Internal Grievance Procedure to be faster and cheaper for me and I prefer it to other alternatives. I will be provided a copy of the Internal Grievance Procedure upon request and am fully aware of that process and agree to its use. _____ (Initial)

SIGNATURE AND ACKNOWLEDGMENT

I, the below-signed, make this application as an inducement to the District to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed.

Date:

This is a legal document, read it carefully before signing.

Signature:

AUTHORIZATION TO RELEASE INFORMATION

Print Name of Applicant

Date:

I authorize any person, corporation, company, agency, or other entity, whose name and address I provided in my application or other materials I have provided to the District, to release information.

AUTHORIZATION
I, the above-named applicant, the below-signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment related information requested by the District, or their agents, who bears this authorization and to whom I have provided your Name and Address as a reference.
RELEASE
<p>In consideration for your valuable assistance to me in my application for employment, I, the above applicant, the below-signed, hereby RELEASE AND HOLD HARMLESS the recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of the District to whom I have made an Application of Employment and is the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy is by photo reproduction or an electronically transmitted facsimile. By my signature I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding my work history, performance, character, etc., or any entry on this application and other material I have provided.</p> <p>If the District engages an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I will sign a separate disclosure statement if the District uses a consumer report for employment purposes.</p>
<p>This is a legal document, read it carefully before signing.</p> <p>Applicant's Signature:</p>