



Have you ever had your drivers license revoked/suspended? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give reasons and dates: \_\_\_\_\_

List ALL criminal offenses and traffic citations you have received. YES \_\_\_ NO \_\_\_  
(Failure to disclose all offenses will disqualify your application)

\_\_\_\_\_  
\_\_\_\_\_

List any physical/mental disabilities, injuries, or operations that may affect your performance as a firefighter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you or have you ever smoked/used tobacco products regularly? (i.e., cigarettes, pipe, cigars, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

Medical/First Aid Certification? YES \_\_\_\_\_ NO \_\_\_\_\_

Type and level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous firefighting experience? YES \_\_\_\_\_ NO \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

Department name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

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

List three (3) personal references, not related to you. Give name, home address, and phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that prior to employment I must attend the District Recruit Academy.

\_\_\_\_\_ (Initials)

I authorize Whatcom County Fire District No. 7 to request a copy of my driving record through the department of licensing.

\_\_\_\_\_ (Initials)

**I hereby certify that all statements made on this application form or on any attachments are true and complete to the best of my knowledge, and I understand that any false or misstatements of material facts may subject me to disqualification or dismissal.**

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

Sign

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**FOR DEPARTMENTAL USE ONLY**

DATE APPLIED: \_\_\_\_\_ DATE ACCEPTED: \_\_\_\_\_ PERSONNEL NO. \_\_\_\_\_

Updated 12/14/2005

# WHATCOM COUNTY FIRE DISTRICT NO. 7

Post Office Box 1599 \* Ferndale, Washington 98248 \* 360-384-0303

## TO BE COMPLETED AT THE FIRE STATION IN FRONT OF FIRE PERSONNEL

TO WHOM IT MAY CONCERN:

I authorize you to obtain and furnish to Whatcom County Fire District No. 7 any and all information that you have concerning me, my work records, my reputation, my medical records, my military service records, including an abstract of my driving record. Information of a confidential or privileged nature may be included. My reply will be used to assist Fire District No. 7 in determining my qualifications and fitness for the position I am seeking with the department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by Whatcom County Fire District No. 7 in conjunction with employment procedures.

I hereby release you, your organization and other parties from any liability or damages, which may result from furnishing the information requested.

\_\_\_\_\_  
Applicant Name (Print or Type)

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

\_\_\_\_\_  
Date

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FOR DEPARTMENTAL USE ONLY

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

Rev. 12/14/2005