



West Mason Fire

P.O. BOX 2436, Shelton, WA 98584
(360)426-7343 Fax (360)426-2299

APPLICATION FOR MEMBERSHIP

POSITION APPLIED FOR: _____ E-MAIL: _____

NAME: _____ SSN-----
(First) (Middle) (Last)

ADDRESS: _____
(Street Address) (City) (Zip)

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ ALTERNATE PHONE: _____

GENERAL INFORMATION

False information on this application shall be considered sufficient cause for discharge. The District, prior to appointment, may check education and work experience. Complete both sides of the application form, including the special questions relating to experience and education. You may attach additional pages if necessary to fully answer all questions.

Do you have any activities, commitments or responsibilities that may prevent you from meeting activity requirements?

YES ___ NO ___ If yes, explain: _____

Do you have any physical, mental, or sensory limitations or disabilities, which relate reasonably to fitness to perform the duties or the position for which you are applying? YES ___ NO ___ If yes, explain: _____

List special training, skills and experience that you have which you believe would benefit the District: _____

Within the past seven years, have you been convicted of any crime? YES _____ NO ___ If yes, please attach details to this application.

NEW DISTRICT MEMBERS MUST BE NON-TOBACCO USERS.

THE SELECTION PROCESS:

Applications and resumes will be evaluated to determine each applicant's experience and training relevant to the position. The best qualified applicants will be invited to continue in the selection process.

AFFIRMATIVE ACTION EMPLOYER: Mason County Fire Protection District No. 16 is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age of disability in employment of the provision of services.



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FEDERAL REGULATIONS:

Are you authorized to work in the United States? Yes _____ No _____

The Federal Immigration and Reform Act requires individuals to provide, to an employer, documented proof that they are authorized to work in the United States. This proof must be provided to and verified by the District at the time of appointment or no longer than three (3) business days after the date of appointment.

EDUCATION

High School _____ Graduated/or GED? _____ Last Attended? _____
 (Name of School and Location)

College _____ Graduated? _____ Major? _____ Last Attended? _____
 (Name of School and Location)

Grad School _____ Completed? _____ Last Attended? _____
 (Name of School and Location)

Business/Trade _____ Completed? _____ Last Attended? _____
 (Name of School and Location)

Other _____ Completed? _____ Last Attended? _____
 (Name of School and Location)

EMPLOYMENT HISTORY (attach sheets as needed, including any/all Emergency Work)

Employer Name	Address	Job title	From – To	Supervisor/Phone
1)				
Duties:				
2)				
Duties:				
3)				
Duties:				
4)				
Duties:				



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APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF APPLICATION: A pre-placement health and psychological evaluation if required; background and driving record checks; meeting minimum age requirements of applicable laws and submitting proof of true age if required; submitting proof of citizenship or U.S. work permit if required; completing and executing surety bond application if required; meeting attendance and performance requirements; conforming to all district rules, regulations, and instructions.

I certify and affirm that I have read the notice above, personally completed this application or requested its completion and all statements contained herein are true and complete. By signing below, I also agree that any or all information required for background or driver's information may be released to the District. NOTICE: Any oral or written false statements in this application, fraudulent or misleading, whether made by me or by others at my request, will result in rejection of my application or denial of acceptance and dismissal.

APPLICANTS SIGNATURE _____ **DATE** _____

Washington State provides reasonable accommodation to persons requiring testing assistance due to reading disability, English as a second language, or other conditions that may interfere with taking a test. Please indicated whether you require any such assistance, and the nature of the assistance requested. Information provided will be kept confidential and will only be used to provide the resources needed.

I do require testing assistance in _____

SUBMITTING YOUR APPLICATION:

1. In person, bring application to Station 16-1 at 4650 W. Dayton Airport Road during regular drill on Tuesday night at 6:00 pm.
- or
2. E-mail to Admin@mcfpd16.com
- or
3. Mail to, Mason County Fire Protection District No. 16
PO Box 2436
Shelton, WA 98584

Office use only:
Date Received:
Date Background Check Completed:
Not eligible Hold Interview Scheduled for: