



# EMPLOYMENT APPLICATION

## North Mason Regional Fire Authority

PO BOX 277, 460 NE Old Belfair Highway  
Belfair, WA 98528-0277

Main: 360-275-6711 Fax: 360-275-6224

*Applications will be screened and applicants contacted following the application deadline. If you are selected for the assessment process and require special accommodations due to impairment or disability, please notify Katie Patti, Executive Assistant at 360-275-6711 Ext.4 or via email [kpatti@northmasonrfa.com](mailto:kpatti@northmasonrfa.com).*

**Complete information below. Please print or type.**

<b>APPLICANT'S NAME:</b> (Last)	(First)	(Middle Initial)	HOME PHONE NUMBER:
<b>MAILING ADDRESS:</b> (Number and Street)			CELL PHONE NUMBER:
(City)	(State)	(Zip Code)	EMAIL ADDRESS:
<b>RESIDENCE:</b> (Provide address if different than mailing)			HOW LONG AT THIS ADDRESS?

### POSITION YOU ARE APPLYING FOR:

GENERAL:	Circle Yes or No	
A. Are you a U.S. Citizen, or, do you have a Visa permitting you to work in the United States?	YES	NO
B. Are you over the age of 18? <b>If not</b> , provide birth date mm/dd/yyyy: _____	YES	NO
C. Do you have, or can you obtain, a valid Washington State Driver's License?	YES	NO
D. The North Mason Regional Fire Authority is mindful of its obligation to select qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten (10) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? <b>If "YES," please provide details in Item F.</b>	YES	NO
E. Do you have any relatives who work or volunteer for the North Mason Regional Fire Authority? <b>If "YES," please provide their name(s)/position in Item F.</b>	YES	NO
F. EXPLANATIONS:		

**EDUCATION:**

A. Circle the highest grade completed: 6 7 8 9 10 11 12

B. If you did not complete high school, do you have a high school equivalency diploma?

YES

NO

C. Circle the number of years of post-secondary education: 1 2 3 4 5 6 7

	Name and Location of Institution	Units Completed	Dates Attended	Course of Study	Degree, Diploma or Certificate Obtained
	1)				
	2)				
	3)				
	4)				
	5)				

D. List all valid licenses or certificates of professional or vocational competence relevant to the job for which you are applying.

	License/Certificate	License/Certificate Number	Expiration Date
	1)		
	2)		
	3)		
	4)		
	5)		
	6)		

**WORK HISTORY:**

Beginning with your present or most recent employment, list your work experience/history for the last ten (10) years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets if necessary. Be sure to include any volunteer experience related to the job for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you from moving forward in the process.

**If you have been known by a different name by any of these employers, please identify the employer and state the name here:** \_\_\_\_\_.

From:	To:	Job Title:	
Hours Per Week:	Overtime Eligible? (Y/N)	Name of Company or Organization:	
		Address:	
Salary Earned: \$            per		Name of Supervisor:	Supervisor Contact Number:
Duties:			
Reason for Leaving:			

From:	To:	Job Title:	
Hours Per Week:	Overtime Eligible? (Y/N)	Name of Company or Organization:	
		Address:	
Salary Earned: \$            per		Name of Supervisor:	Supervisor Contact Number:
Duties:			
Reason for Leaving:			

From:	To:	Job Title:	
Hours Per Week:	Overtime Eligible? (Y/N)	Name of Company or Organization:	
		Address:	
Salary Earned: \$            per		Name of Supervisor:	Supervisor Contact Number:
Duties:			
Reason for Leaving:			

**WORK HISTORY CONTINUED:**

From:	To:	Job Title:	
Hours Per Week:	Overtime Eligible? (Y/N)	Name of Company or Organization:	
		Address:	
Salary Earned: \$ per		Name of Supervisor:	Supervisor Contact Number:
Duties:			
Reason for Leaving:			

From:	To:	Job Title:	
Hours Per Week:	Overtime Eligible? (Y/N)	Name of Company or Organization:	
		Address:	
Salary Earned: \$ per		Name of Supervisor:	Supervisor Contact Number:
Duties:			
Reason for Leaving:			

From:	To:	Job Title:	
Hours Per Week:	Overtime Eligible? (Y/N)	Name of Company or Organization:	
		Address:	
Salary Earned: \$ per		Name of Supervisor:	Supervisor Contact Number:
Duties:			
Reason for Leaving:			

**REFERENCES:** Please list three (3) professional references that have knowledge of your qualifications:

Name	Address	Contact Phone	Relationship
1.			
2.			
3.			

**MISCELLANEOUS:**

A. When are you available to begin employment?

B. How did you hear about this employment opportunity?

**NOTICES:**

- The North Mason Regional Fire Authority (NMRFA) is an equal opportunity agency. The NMRFA maintains policies of non-discrimination with applicants. NMRFA will not unlawfully discriminate in any aspect of employment based on race, color, creed, religion, national origin, sexual orientation, age, marital status, pregnancy, disability or status as disabled veteran or Vietnam era veteran, or any other basis prohibited by law. NMRFA will accommodate applicants and employees as required by law.
- The NMRFA is a smoke and drug free workplace. You may be required to complete a drug test prior to employment.

**CERTIFICATION:**

I hereby certify that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after membership. I have read the job description and I am able to perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I understand that acceptance of an offer of employment does not create a contractual obligation upon the NMRFA to continue to retain me in the future. For determination of my employment eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize the NMRFA to rely upon and use, as it sees fit, any of the information received.

**Print Name:**

**Signature:**

**Date:**

**Return completed application packet on or before the due date to:**

**Via US Mail:**

North Mason Regional Fire Authority  
Attn: Katie Patti  
PO BOX 277  
Belfair, WA 98528-0277

**In Person:**

Station 21 - 460 NE Old Belfair Highway, Belfair, WA 98528



## **APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

I certify that the information given by me to the North Mason Regional Fire Authority is true and complete to the best of my knowledge. I understand that, if accepted, my providing false or misleading information may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the North Mason Regional Fire Authorities interest or those of its clients, nor will I become engaged in such activity or business if accepted.

I, the undersigned applicant for membership with the North Mason Regional Fire Authority, in consideration of the review of my employment application, do authorize the North Mason Regional Fire Authority to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of furnishing such information. If employed, I release the North Mason Regional Fire Authority from any liability for future references it may provide regarding my employment with the North Mason Regional Fire Authority. Pursuant to RCW 43.43.834, background checks are available to the applicant upon request.

It is my intention that any copy of this authorization be as effective as the original.

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**Print Name**

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**Applicant Signature**

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**Date**

