



# North Mason Regional Fire Authority

P.O. Box 277 / 460 NE Old Belfair Hwy Belfair, WA 98528  
360-275-6711 phone / 360-275-6224 fax

Applicants may be contacted for interviews and assessments following the review of a completed application. If you are selected for the assessment process and need special accommodations due to impairment or disability, or have any questions regarding the application process, please contact Captain Ryan Cleveland at 360-275-6711 or by email at [rcleveland@northmasonfa.com](mailto:rcleveland@northmasonfa.com).

## Employment Application

Select the volunteer position that you are applying for:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Residence Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code How long at this address?*

Mailing address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State ZIP Code*

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_

Do you have, or can you obtain a Washington state driver's license? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Highest grade level achieved?: \_\_\_\_\_

YES NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Course of Study: \_\_\_\_\_

YES NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Course of Study: \_\_\_\_\_

YES NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

**List below valid licenses or certificates of professional or vocational competence relevant to the employment position for which you are applying.**

License/Certificate :

License/Certificate Number:

Expiration Date:

1)

2)

3)

4)

## REFERENCES

*Please list three professional references.*

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

\_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

\_\_\_\_\_

Additional, relevant employment may be attached.

**MILITARY SERVICE**

Branch: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

How did you hear about this Employment opportunity? (Please provide specific name of media whenever possible.)

Word of Mouth: \_\_\_\_\_  
Advertisement in: \_\_\_\_\_  
Website: \_\_\_\_\_  
Other: \_\_\_\_\_

**NOTICES**

The North Mason Regional Fire Authority (NMRFA) is an equal employment opportunity employer. All qualified candidates will receive consideration without regard to race, color, religion, sex, national origin, age, disability, marital status, political affiliation, sexual orientation or any other non-merit factor. NMRFA will reasonably accommodate candidates with disabilities as required by law.

NMRFA is a smoke and drug free work place. You will be required to complete a drug test prior to employment.

**CANDIDATE AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

I certify that I am not engaged in any outside activity or business that could be considered a conflict of interest with the NMRFA or those of its clients, nor will I become engaged in such activity or business if hired.

I, the undersigned applicant for employment with the NMRFA, in consideration of the review of my employment application, do authorize the NMRFA 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 NMRFA from any liability for future references it may provide regarding my employment with the NMRFA. 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.

\_\_\_\_\_  
Applicant - Please Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DRIVING RECORD**

Name: \_\_\_\_\_  
Please Print Last First MI

Driver license number (s) \_\_\_\_\_  
License Number State

List all notices of infractions or traffic citations (other than parking tickets), which you have received in the past 5 years.

<u>State</u>	<u>Month/Year</u>	<u>Type of Infraction</u>

Infractions or citations will not necessarily remove you from consideration. The NMRFA will however, consider your driving record when making employment decisions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLAIMER & SIGNATURE**

I certify that my answers are true 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 of employment. I have read the job descriptions and I can 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 potential 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.

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

Completed Applications can be sent via email, fax, mail or hand delivered to Captain Ryan Cleveland  
PO Box 277, Belfair, WA 98528  
Fax: 360-275-6224  
Email: [rleveland@northmasonrfa.com](mailto:rleveland@northmasonrfa.com)  
Office hours: Monday through Friday 9:00 a.m. - 5:00 p.m.