

Cowlitz County Fire District # 1

P.O. Box 10 • 160 Pinkerton Dr. • Woodland, WA 98674

Phone: (360) 225-7462 • Fax: (360) 225-1276

TEMPORARY FULL-TIME POSITION

(Please print or type)

Personal information

Date _____

Name: _____ Phone # _____
Last First Middle
Present Address: _____
Email _____ Are you 18 years or older? Yes ___ No ___
Can you provide documentation of your legal right to work in the United States: Yes ___ No ___

Current Employment

Present Occupation: _____ Employer Name: _____
Employer Address: _____ Phone: _____
Does your employer know of this application? Yes ___ No ___
Are they in favor? Yes ___ No ___

Military Service

Military Service Branch: _____ Rank: _____
Dates of Service: _____ Type of Discharge: _____
Present Membership in National Guard or Reserves? Yes ___ No ___

Fire Service

Do you have Fire Service Experience? Yes ___ No ___
If yes, which department? _____
Position Held: _____ Dates of Service: _____
Human Resource Contact: _____ Phone: _____
Address: _____

Drivers License

Drivers License #: _____ State: _____ Expiration Date: _____
List any traffic citations in the last five years: _____

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Education	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				

General Information

Subjects of special study or research work: _____

Special Skills: _____

Activites (civic, athletic, etc.): _____

References Give the names of three persons not related to you, whom you have known at least 1 year.

	Name	Relation	Years Acquainted	Phone #	Address
1					
2					
3					

In Case of Emergency notify:

First Last Relation Phone# Address

I hereby notify that all of the information submitted by me on this application and any attachments are true and complete, and I understand that any misstatements of material acts may subject me to disqualification or dismissal.

Signature _____

Date _____

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Authorization to Release Information

I hereby request and authorize you to furnish to Cowlitz County Fire District #1 with any and all information they may request concerning my work record, education history, military record, criminal history and general reputation.

This authorization is specifically intended to include all information of a confidential or privileged nature as well as photocopies of such documents, if requested.

The information will be used for the purpose of determining my eligibility for employment in the Cowlitz County Fire District #1 Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve with Cowlitz County Fire District #1.

Applicant's Signature _____ Date: _____

Note: This information will be retained in your personnel file.

*Following items are mandatory to participate
as an employee for
Cowlitz County Fire District #1*

- 1) A valid Washington State Driver's license (must be able to show
when requested)*
- 2) A drivers license abstract for the last three years*
- 3) Proof of High School graduation (copy of Diploma or GED)*
- 4) Drug test required (test will be scheduled and paid for by the
Department)*
- 5) Proof of age (18 years or older)*

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CODE OF ETHICS

PREAMBLE: The fire service has a long history and tradition of honorable behavior while providing essential fire protection, emergency lifesaving and rescue to the public.

CODE FOR EMPLOYEES: I, as an employee of Cowlitz 1 Fire & Rescue shall, with due deliberation, act in accordance with the ethical principles consistent with professional conduct and I will:

Place the safety of firefighters and the public's safety and welfare above all other concerns; be supportive of training and education, which promotes safer living and professional conduct and habits.

Maintain the highest standards of personal integrity, honesty and trust in dealing with fellow employees and the public.

Practice and preserve confidentiality at all times.

Ensure that the lifesaving services offered by this agency shall be provided fairly and equally.

Be mindful of the needs of fellow employees and assist them freely in developing their skills, abilities and talents to the fullest extent; offer encouragement to those trying to better themselves and the department.

Foster creativity and be open to consider changes and innovative ideas that may better enable the performances of our duties and responsibilities.

Engage in practices that strive to maintain the positive integrity of the department's communications, both to our employees and to the public.

Respect and honor the role of each position in the department and treat all employees equally.

My professional actions will reflect the highest degree of personal integrity, selflessness and moral courage therefore, when I am faced with an ethical challenge, above all other considerations, I will do the right thing!

I understand that failure to abide by the above mentioned Code of Ethics could result in disciplinary action.

Employee Signature

Date