

Clallam 2 Fire-Rescue & Port Angeles Fire Department



**Sam
Phillips
Fire Chief**

P.O. Box
1391
PORT ANGELES, WASHINGTON
98362 (360)457-2550
FAX: (360)457-2551

**Ken Dubuc
Fire Chief**



APPLICATION COVER SHEET

Instructions

1. Fill out application form **IN INK or TYPE**.
2. Applicants must be 18 years of age or older and be a high school graduate, or possess a GED, at the time of application.
3. **Obtain and submit, with your application, a copy of a Driver's Abstract for the last three years. It is \$10.00 from the Drivers Licensing Examination Office or at the WA State Department of Licensing web site and pay by credit card online. Your application cannot move forward without this information attached.**
4. Include a copy of your Emergency Medical Technician (EMT) or First Responder (FR) Certificate if you have one.
5. **Return completed Application, this cover sheet (signed), Driver's Abstract, and a copy of your EMT/FR Certificate to the office:**

Mail completed application to:
Clallam County Fire District #2/Port Angeles Fire Department
P. O. Box 1391
Port Angeles, WA 98362
OR

Deliver to:
1212 E First Street
Port Angeles, WA 98362

6. I understand that I will be subject to a criminal background search.

Signature

7. You will be notified concerning your application status.

THANK YOU

If you have any questions please call 457-2550.

"Fire Safety Starts at Home"

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APPLICATION FOR MEMBERSHIP

Please Print in Ink or Type.

PERSONAL INFORMATION

Name:

Last

First

Middle

Address:

Street

Apartment number

City

State

Zip Code

Spouse's name: _____

Telephone: Home: _____ Work: _____

Date of birth: ____/____/____ Height: _____ Weight: _____

WA State Driver's License #: _____ Blood Type: _____

E-mail address: _____

In case of emergency, injury or death, notify: _____
Name

Address

Home Phone

Work phone

Military Service: _____

Branch & Dates of Service

Rank at Discharge

Specialty

EMPLOYMENT INFORMATION

Present Employer: _____

Name

Phone Number

Supervisor

Occupation

Is your employer aware of this? Yes No

Is your employer in support of your participation? Yes No

"Fire Safety Starts at Home"

List last three employers or past employers over the last 10 years:

Name Phone Number Supervisor

Reason Left

Name Phone Number Supervisor

Reason Left

Name Phone Number Supervisor

Reason Left

EDUCATION AND TRAINING

High School City Year Graduated

College No. of Years Degree

Trade or Technical School Certificate Received

Fire Service Experience: (Departments, Dates, and Classes Completed)

List any special skills or training that you feel may be helpful to the District:

Position applying for: _____

REFERENCES

List 2 personal references (not relatives) that we may contact.

Name	Address	Phone Number
<hr/>		
<hr/>		

List any physical impairments, disabilities or limitations you may have (i.e. glasses, color blindness, hearing aid, etc.)

District members are required to attend a minimum of 50% of all drills.

Do you have any activities, responsibilities or commitments that may prevent you from meeting the minimum attendance requirement? Yes No

If yes, please explain: _____

Have you been convicted of any crime? Yes No

If yes, please explain: _____

List all traffic violations for the past 3 years:

I hereby certify that all of the statements made in this application and any attachments are complete and true as far as I can determine. I understand that any miss-statements of material may subject me to disqualification or dismissal.

Date

Signature in full

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PHYSICAL AGILITY WAIVER OF LIABILITY

I, _____, understand that in connection with my application for employment with Clallam County Fire District No. 2 and Port Angeles Fire Department, I will be required to engage in certain physical tests. I hereby agree to take full responsibility for any injury resulting therefrom, and hereby release, discharge, and hold harmless – for me, my executors, and administrators – CLALLAM COUNTY FIRE DISTRICT NO. 2 and Port Angeles Fire Department, its employees and agents, from any and all liability for any loss, damage or injury to my person or property resulting from, arising out of, or occurring in connection with said physical tests.

I also hereby affirm that I am in good physical condition and I am physically capable of participating in said physical tests.

Applicant's Signature

Date