CENTRAL KITSAP FIRE & RESCUE
5300 NW Newberry Hill Rd, Ste 101 • Silverdale, WA 98383
(360) 447-3550 • Fax (360) 447-3590 • www.ckfr.org

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:		**DATE OF APPLICATION:**
NAME OF APPLICANT (First, Middle, Last):		
MAILING ADDRESS (Include City/State/Zip):		
PHYSICAL STREET ADDRESS (If different from mailing address):		
HOME PHONE NUMBER:	**MESSAGE PHONE NUMBER:**	**EMAIL ADDRESS:**
Are you able to perform the essential functions of this position, with or without reasonable accommodations? ☐**YES** ☐**NO**		
LEGAL RIGHT TO WORK IN THE UNITED STATES ☐**YES** ☐**NO**		**DRIVER'S LICENSE Expiration Date:** **State: Number:**
OBJECTIVE:		

EDUCATION:

DID YOU OBTAIN A HIGH SCHOOL DIPLOMA OR GED: ☐**YES** ☐**NO**

NAME: COLLEGE/UNIVERSITY	DATES:	DEGREE RECEIVED/MAJOR	UNITS COMPLETED	LOCATION: (City/State)
OTHER SCHOOLS				

IDENTIFY ANY SPECIAL SPECIFIC TRAINING YOU HAVE FOR THE POSITION:

PROFESSIONAL MEMBERSHIPS/ASSOCIATIONS:

SKILLS

LANGUAGES YOU SPEAK, READ, AND/OR WRITE:

OFFICE SKILLS:
Data Entry (kpm):
Computer Software proficiencies(list):

HOW DID YOU LEARN ABOUT THIS POSITION?

EMPLOYMENT HISTORY:

List work records for the past 10 years and/or any job-related work or volunteer experience beyond the 10 years, including self-employment and US military service with your most recent experience listed first. Be as complete as possible in describing the work performed. Please add additional sheets if necessary.

☐ PAID Hours Per Week:____ ☐VOLUNTEER	☐ YES ☐ NO ☐ NOTIFY ME FIRST MAY WE CONTACT THIS EMPLOYER?	SALARY/MONTH:	# Employees Supervised:
DATES (MO & YEAR) From: To:	EMPLOYER'S NAME:	TYPE OF BUSINESS	PHONE NUMBER
POSITION TITLE:	ADDRESS: (Street, City, State, Zip Code)	NAME & TITLE of SUPERVISOR:	
REASON FOR LEAVING OR CONSIDERING CHANGE:			
PRIMARY DUTIES:			

☐ PAID Hours Per Week:____ ☐VOLUNTEER	☐ YES ☐ NO ☐ NOTIFY ME FIRST MAY WE CONTACT THIS EMPLOYER?	SALARY/MONTH:	# Employees Supervised:
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REASON FOR LEAVING OR CONSIDERING CHANGE:			
PRIMARY DUTIES:			

MILITARY RECORD (Have you ever been in the Armed Forces?)If so:

• Your current military status? (Active/Retired/ Reserve or National Guard?)	
• Branch of Service?	• Highest rank attained?
• Type of Discharge:	• Date and location of discharge:
• List any disciplinary action taken against you while in the military:	
Veteran's Preference: If you believe you are eligible to receive Veteran's Preference, please complete and attach CKFR "Application for Veteran's Preference" and a copy of your DD214 to this application	

REFERENCES: Please provide names of three professional references who have known you for at least three (3) years and who have knowledge of your character, experience, and abilities.

NAME:	POSITION/TITLE	# YEARS PERSON HAS KNOWN YOU:
ADDRESS:	PHONE NUMBER:	EMAIL ADDRESS:
NAME:	POSITION/TITLE	
ADDRESS:	PHONE NUMBER:	
NAME:	POSITION/TITLE	
ADDRESS:	PHONE NUMBER:	

Comments:

"I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal.

I understand that neither the acceptance of this application by the District nor any statements contained in any material distributed by the District, nor any statements made by representatives of the District confer or create any contractual rights of employment."

DATE: **SIGNATURE OF APPLICANT:**