

CLALLAM COUNTY

FIRE DISTRICT # 2 and PORT ANGELES FIRE



Jon C. Bugher
Chief

P.O. Box 1391
PORT ANGELES, WASHINGTON 98362
(360) 452-7725
FAX: (360) 452-9235

Daniel K. McKeen
Chief



APPLICATION COVER SHEET

Instructions

1. Fill out application form **IN INK or TYPE**.
2. Obtain and submit, with your application, a copy of a Driver's Abstract for the last three years. (\$5.00 to \$10.00 from the Drivers Licensing Examination Office)
3. Include a copy of your Emergency Medical Technician or First Responder Certificate if you have one.
4. **Return completed Application, this cover sheet (signed), Driver's Abstract, and a copy of your EMT/FR Certificate to:**

Mail completed application to:

Clallam County Fire District #2
P. O. Box 1391
Port Angeles, Washington 98362

or

Port Angeles Fire Department
102 East 5th Street
Port Angeles, Washington 98362

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

Signature

6. You will be notified concerning your application status.

THANK YOU

"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 Apt.No.

City State Zip Code

Telephone: Home: _____ Work: _____

Date of Birth: ___/___/___ Height: _____ Weight: _____

WA State Driver's License #: _____

SSI #: _____ - _____ - _____ Blood Type: _____

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

Occupation Supervisor

"Fire Safety Starts at Home"

REFERENCES

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

Name	Address	Phone Number
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List any physical impairments, disabilities or limitations you may have (i.e. glasses, color blindness, hearing air, 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 acts 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