



# Graham Fire & Rescue

## Fire Mechanic II Application Packet Checklist

- Application – Complete & Signed
  
- Copy of your Resume
  
- Copy of your Social Security Card
  
- Copy of your High School Diploma or GED
  
- Copy of your current Driver's License
  
- Reference Check Waiver – Signed and **Notarized** (notary available at Sta. 91)
  
- Copy of your DD214 (If claiming veteran's preference)
  
- Abstract of Driving Record  
(submit a copy of your **Employment Driving Record** from your local DOL or [online](https://www.dol.wa.gov/driverslicense/drivingrecord.html))  
<https://www.dol.wa.gov/driverslicense/drivingrecord.html>



# Application for Employment

Position Applied For:

Fire Mechanic II

23014 70<sup>th</sup> Ave E  
 Graham, WA 98338  
 Phone: 253-847-8811

Name _____			
Street _____	City _____	State _____	Zip _____
Home Phone _____	Cell/Message Phone _____		
E mail Address _____			

Do you possess a valid Driver's License?  Yes  No DL.# \_\_\_\_\_ State \_\_\_\_\_

Do you certify that you are 18 years of age or older?  Yes  No

Do you claim veteran's preference?  Yes  No Did you retire from military service?  Yes  No

If Claiming veteran's preference, attach a copy of your DD214.

Have you ever used veteran's preference to obtain employment?  Yes  No

Please refer to RCW 41.04.010 Veterans' scoring criteria status and RCW 41.04.005 "Veteran" defined for certain purposes. Veteran's preference may be claimed if you received a discharge under honorable conditions.

Education	Name/Location of School	Major	Diploma/Degree	Yr. Grad.
High School				
College/Univ.				
Vocational				
Other				

List other training, education, certificates, licenses or experience you consider relevant to the position applied for: \_\_\_\_\_

Have you any physical limitation that would require reasonable accommodation to perform the requisite elements of the position applied for?  Yes  No If yes, please explain the nature of the limitation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Begin with your present Employer or most recent employment position. Attach a resume. Resume will not be accepted in lieu of a completed work history as requested above.

From: Mo/YR	To: Mo/YR	Employers Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties: _____ _____
Reason for leaving:		

From: Mo/YR	To: Mo/YR	Employers Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties: _____ _____
Reason for leaving:		

From: Mo/YR	To: Mo/YR	Employers Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties: _____ _____
Reason for leaving:		

Provide no less than two private contacts for background and character reference checking. The listed references may not be relatives and should be persons who have known you for at least two years.

1.	_____	_____	_____	_____
	Reference Name	Address	Phone No.	Association
2.	_____	_____	_____	_____
	Reference Name	Address	Phone No.	Association
3.	_____	_____	_____	_____
	Reference Name	Address	Phone No.	Association

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at anytime. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish Graham Fire & Rescue my records, reasons for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees and Graham Fire & Rescue from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statement in this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

WAVIER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights  
Read carefully before signing

To Whom It May Concern:

I, the undersigned, **request and authorize you** to furnish to Pierce County Fire District No. 21 or it agencies and all information that you have concerning me, my work record including but not limited to my full personnel file, discipline files, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Pierce County Fire District No. 21 or its agencies. Your reply will be used to assist Pierce County Fire District No. 21 or its agencies in determining my qualification and fitness for a position I am seeking with the Fire District.

I understand my right to request access to any public records, relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq. and specifically waive those rights understanding that the information furnished will be used by Pierce County Fire District No. 21 in conjunction with this employment procedure. **I will make no attempt** to gain access to the information you provide to Pierce County Fire District No. 21 in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to Pierce County Fire District No. 21 in conjunction with employment procedures.

Further, **I do hereby release you**, your organization, your agents, and others from any liability or damage which may result from furnishing information to Pierce County Fire District No. 21 pursuant to this waiver and authorization to release information.

\_\_\_\_\_  
Applicant's Name (*printed*)

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

\_\_\_\_\_  
Date

\*\*\*\*\*

SUBSCRIBED AND SWORN to me on this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC in and for the State of \_\_\_\_\_,

Residing in \_\_\_\_\_,

Notary Signature \_\_\_\_\_

Notary Commissioner Expiration Date \_\_\_\_\_.