

GRANT COUNTY FIRE DISTRICT 8

PO Box 1728 • 510 Government Way • Mattawa, WA 99349
Phone 509-932-4777 • Fax 509-932-4747 • Emergency: 911

MEMBERSHIP APPLICATION

Date: _____

Employee # _____

PERSONAL INFORMATION

Full Name: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Phone: _____

Email Address: _____ SSN: _____

Birthday: _____ Where born: _____

Driver's License #: _____ Class: _____ Expiration: _____

List any identifying scars, tattoos, etc.: _____

List disabilities or restrictions: _____

Health (circle one): Excellent Good Fair Poor

Next of Kin: _____ Relationship: _____

Address: _____ Home Phone: _____

Military Service (circle one): Yes No

Branch: _____ Rank: _____

Dates of Service: _____ Type of Discharge: _____

Specialty: _____ Duties: _____

Current Member of the Reserve or Guard? Yes No

Meeting Requirements: _____

Education

Years of Education Completed: _____

High School Attended: _____ Date Graduated: _____

Address: _____

Tech School Attended & Dates: _____

College/University Attended & Dates: _____

Major/Minor: _____ Degree: _____

Present Employment

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Supervisor _____ Employment Dates: _____

Previous Employment

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Supervisor _____ Employment Dates: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Supervisor _____ Employment Dates: _____

Have you ever been dismissed from any position? Yes No

If yes, explain: _____

References (Not related to you)

Name: _____ Phone #: _____ Years Known: _____

Name: _____ Phone #: _____ Years Known: _____

Name: _____ Phone #: _____ Years Known: _____

May the Fire District contact these references? Yes No

Have you ever been arrested, summoned into court as a defendant, or indicted, convicted, fined, imprisoned, or placed on probation, or has any case been filed against you? Yes No

If yes, explain: _____

Fire/EMS Service

Do you have a First Aid Card: Yes No

Have you ever been a member of a Fire Department, Rescue Squad, or similar organization? Yes No

Briefly state why you wish to join Grant County Fire District 8, what the District will gain from your membership, and what you expect to gain from membership: _____

List any skills that you have that can be used in the fire/medical service: _____

The Fire District has sensitive, confidential information. Are you capable of keeping information confidential? Yes No

Are you interested in fighting fire, becoming an EMT, or both (circle one)? FIRE EMT BOTH

I authorize investigation of all statements in this application. I understand that misrepresentation or omissions of facts called for is cause for dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of a physical examination by the Fire District doctor and may be dependent upon the successful completion of a physical agility test, and/or a written aptitude test.

Additionally, I certify that I am a citizen of the United States of America.

Date: _____ Signature of Applicant: _____

Date: _____ Into Probation

Date: _____ Into Membership