Okanogan Fire Department

Phone 509-322-2463
Email: fire41@okanogancity.com

235 Oak St.
P.O. Box 752
Okanogan, WA 98840

Brad Armstrong, Fire Chief

OKANOGAN FIRE DEPARTMENT - APPLICATION FOR MEMBERSHIP

DATE:_____

Name_____
Last First Middle

Physical Address_____

Mailing Address_____

Email_____ **Cell Phone**_____

Home Phone_____ **Social Security #**_____

Date of Birth_____ **Height**_____ **Weight**_____

Present Occupation_____ **Position**_____

Employer_____**Employer Address**_____

Does your employer know of this application? ◯ **YES** ◯ **NO** **Is He/She in favor?** ◯ **YES** ◯ **NO**
Highschool Graduate: ◯ **YES** ◯ **NO** **GED:** ◯ **YES** ◯ **NO** **Highest level Completed:**_____

Fire Service Experience_____

Department_____ **Position Held**_____

Can you lift 50lbs? ◯ **YES** ◯ **NO** **Do have any hearing loss?** ◯ **YES** ◯ **NO**
Corrected Vision? ◯ **YES** ◯ **NO**

Drivers License #_____ **Is this license valid?** ◯ **YES** ◯ **NO**

List all traffic violations in the last 5 years_____

Have you ever been convicted for anything other than traffic violations? ◯ **YES** ◯ **NO**
If YES please explain_____

How many firms have you been employed with in Last 5 yrs._____

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List 3 Personal References, (Not Relatives)

NAME	ADDRESS	PHONE#

Are you willing to take a drug test? YES NO

The City complies with RCW Chapter 49.94, and does not check or consider criminal background information until the final stage or final selection.

I hereby certify that all statements made in this questionnaire and attachments are true and complete, and I understand that any misstatements or material acts may subject me to disqualification or dismissal.

Signature: _____ **Date:** _____

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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Pursuant to the Federal Fair Credit Reporting Act, I hereby authorize the City of Okanogan Fire Department and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as a volunteer. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish City of Okanogan Fire Department or its designated agents with any and all information in their possession regarding me in connection with an application to volunteer. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

_____ _____

Signature Date