



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

To whom it may concern,

I authorize you to furnish to the fire chief of the Okanogan Fire Department or his/her designee any and all information that you have concerning me, my work record, my reputation, my criminal records, and my driving records. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications and fitness for the position of volunteer firefighter.

I understand my right under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that the Okanogan Fire Department in conjunction with employment procedures will use information furnished. Okanogan City Ordinance authorizes this requirement.

I hereby release you, your organization, and other from any liability or damage, which may result from furnishing the information requested.

Applicant Signature

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

Notary Public in and for the State _____
Residing at _____
Commission Expires: _____