



BURLINGTON FIRE DEPARTMENT APPLICATION FOR VOLUNTEER POSITIONS

For assistance in completing the application
form contact Julee Bradshaw (360) 755-0261

Position Applied for: Volunteer Firefighter
Resident Firefighter

Date of Application _____

FIRST NAME	M. INIT.	LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP
PHONE (HOME)		PHONE (WORK)		
Are you now or have you ever been employed by the City of Burlington? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, department _____ Date(s) _____		

- Are you known to schools / references by another name? No Yes Name: _____
- Are you able to work? Part-time shifts On-Call
- Do you have relative(s) employed by City of Burlington: No Yes If yes, Name(s) _____

- Do you possess a valid WA state driver's license? No Yes Driver's License Number: _____
- Have you ever been convicted of a felony or served time in prison? No Yes
- After reviewing the essential functions from the job announcement, are you able to perform them with or without reasonable accommodation? No Yes If testing is required, will you need an accommodation for the testing process? No Yes

EDUCATION						
Name of High School Attended		City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D <input type="checkbox"/> Yes <input type="checkbox"/> No	
College-Names of Colleges or Universities	Major	Dates Attended		Full Years Completed	Degrees	
		From	To		Title	Dates
Do you possess any of the following?						
<input type="checkbox"/> Fire Science Degree or equal		<input type="checkbox"/> Firefighter 1		<input type="checkbox"/> Washington State EMT / FR		
<input type="checkbox"/> Commercial Drivers License		<input type="checkbox"/> EVAP / EVIP Certified		<input type="checkbox"/> Hazmat Operations		
List other training, certificates, licenses which would be useful in the position you are applying for:						

REFERENCES - Please give name, address, telephone number, and association of three references **not** related to you.

EMPLOYMENT HISTORY - Start with present or last job and work back, include military service and appropriate volunteer experience.

Employed by: (Agency or Firm)	Your Duties
Street Address	
City & State	
Your Job Title	
Supervisor's Name/Title	
Employed From (Mo./Yr.) _____ To (Mo./Yr.) _____	Reason For Leaving:
May we contact this employer _____ No _____ Yes	

Employed by: (Agency or Firm)	Your Duties
Street Address	
City & State	
Your Job Title	
Supervisor's Name/Title	
Employed From (Mo./Yr.) _____ To (Mo./Yr.) _____	Reason For Leaving:
May we contact this employer _____ No _____ Yes	

Employed by: (Agency or Firm)	Your Duties
Street Address	
City & State	
Your Job Title	
Supervisor's Name/Title	
Employed From (Mo./Yr.) _____ To (Mo./Yr.) _____	Reason For Leaving:
May we contact this employer _____ No _____ Yes	

Attach supplemental sheets:

- Consent to release information – Notarized (Free of charge at the Burlington Municipal Courts Office)
- W.A.T.C.H Form
- Waiver (Physical Ability Test)
- Driving record abstract

AUTHORIZATION AND CERTIFICATE

- I authorize City of Burlington at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligibility list, or if I have been appointed, cause my dismissal from City of Burlington. I understand all statements made on this application may be investigated.
- Federal Law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization.
- I understand that any offer of employment is contingent upon my agreeing to submit to and obtaining satisfactory results from a pre-employment urine drug screen. A physical examination is required prior to consideration for active duty. Applicants must be at least 18 years old to be considered.

Date _____ Signature: _____