

PULLMAN FIRE DEPARTMENT

RESERVE FIREFIGHTER APPLICATION



MINIMUM REQUIREMENTS

Provide a minimum of three (3) years service to the department, spend the first summer in Pullman attending recruit training and submit a satisfactory driving record.

PROCEDURE

Submit a completed application by specified date in mid September, pass a written exam with a score of 70% or greater, pass a physical agility test, be selected by the oral interview committee, pass a background check and a medical physical exam.

Please print or type. Complete all sections. Use additional paper if needed.

NAME (last, first, MI.) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (home) _____ (business) _____

EMAIL: _____

EDUCATION

Include: Name and location of school, major, and if graduated.

HIGH SCHOOL _____

COLLEGE _____

BUSINESS, TRADE _____

WORK EXPERIENCE

Employer or firm name and address, immediate supervisor, type of work and duties, length of service - list the last three relevant employment positions beginning with the latest and/or current employment.

1. _____

2. _____

3. _____

LIST FIRE, EMS, RESCUE QUALIFICATIONS AND CERTIFICATIONS
(INCLUDE DATES OF CERTIFICATION)

- 1. _____
- 2. _____
- 3. _____

REFERENCES

List three persons familiar with your qualifications and abilities. Please don't utilize relatives.

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any activities, commitments, responsibilities, or pending actions that may hinder you from meeting attendance or performance requirements?

YES _____ NO _____ COMMENTS _____

Do you have any disease, illness, sensory, or physical limitation which could prevent the proper performance of the position applied for?

YES _____ NO _____ COMMENTS _____

List all driving offenses (convictions - excluding parking violations) you have received in the past three years. List date, offense, and location.

Have you been convicted of a felony or misdemeanor within the last seven year? ____ Yes ____ No
If yes, list the city, charge, date, and the disposition.

Drivers License Number: _____ State: _____

Do you authorize a background status check from appropriate jurisdictions for the purpose of processing your application? YES _____ NO _____

Do you permit this department to contact your former and/or current employers and/or supervisors concerning your work record? YES _____ NO _____

STATEMENT: I certify that all statements contained in this application (and attachments, if any made) are true to the best of my knowledge and may be verified (where I have so indicated) by the department. I have read the General Information Sheet which was attached to this application form and understand the minimum requirements, expectations, duties, responsibilities, and testing procedures contained therein. If my status changes with regard to statements made herein or to minimum requirements demanded for the position applied for, I will inform and advise the department prior to interview. I understand that employment is contingent upon the accuracy of this information.

Signature of applicant

Date

Attach a copy of your driving abstract (3 years).