

EMPLOYMENT APPLICATION – FACILITIES SPECIALIST I



SOUTH KING FIRE & RESCUE

31617 1st Ave So • Federal Way, WA 98003
 Ph: 253-839-6234 • Fax: 253-529-7204

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City, State, ZIP			
Phone		E-mail Address	
Date Available			
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked in government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
College	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
Other	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

CURRENT AND PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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NOTICE:

Application must be typewritten or clearly printed. All questions must be answered. All attached forms must be completely filled out and signed. Applications that are not complete and legible will not be considered. If space provided is not sufficient and you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. This application will be considered active for one year.

South King Fire & Rescue is an Equal Opportunity Employer. We do not discriminate in any unlawful way against race, religion, age, color, sex, national origin, marital status, qualified individuals with a disability or any other legally protected status.

South King Fire & Rescue will provide reasonable accommodation for qualified individuals with known disabilities. We request that you provide us with the information regarding the reasonable accommodation we could make in order for you to perform the key essentials of the job properly and safely. Additionally, an applicant with a disability who needs an accommodation during the application or interview process should request the accommodation from the Human Resources Department.

ALL APPLICANTS MUST SIGN THE FOLLOWING:

Applicants will be required to pass a background, credit check, and drug screening. I understand that I will be required to sign waivers authorizing reference checks and a background investigation, I understand that any offer of employment is contingent upon successful passing of all the above.

I hereby certify there are no misrepresentations or falsifications of statements and/or answers to questions herein. I am aware that should an investigation disclose such misrepresentations, omissions and/or falsifications, my application may be rejected. I am further aware that misrepresentations, omissions and/or falsifications, whenever discovered, will constitute grounds for immediate dismissal.

I understand and agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

(Signature of Applicant)

(Print Name of Applicant)

(Date)

