

FIRE DISTRICT 7

Earning Trust Through Action

163 Village Ct, Monroe, WA 98272 Phone (360) 794-7666 * Fax (360) 467-4000 * www.snofire7.org

APPLICATION FOR EMPLOYMENT

Position Title:	
Job #:	

An Equal Opportunity Employer

Snohomish County Fire District 7 is an equal opportunity employer. We do not and will not discriminate on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability is recognized as and declared to be a civil right. Information provided on this application will not be used for any discriminatory purpose. Those needing any additional assistance or accommodation in the recruitment process can contact the District's Human Resources Division.

Instruction to Applicant:

- * Read application carefully and complete, provide all information requested
- * Complete application by typing or use dark ink only

APPLICANT INFORMATION

Last Name	First	Middle	
Home Phone Number	Cell Number	Alternate Names Used	
Home Address	City	State	Zip Code
Mailing Address (if different th	an home address) City	State	Zip Code
E-Mail Address			



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Education History

School Name	Location City / State	Degree and Area of Study	Gradi Yes	uated No	Month/Yr of Graduation
High School	7, 2,		103	140	
Technical/Trade School					
College (list all attended)					

Special Skills

List Skill	Where you have applied the following skills	Years experience



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Employment History

If more space is required, please continue on a separate sheet.

Present Position		Employment Duration (Mo/Yr)
		to
Brief description of job duties		
Supervisor's name and title	Phone Number	
Reason for changing Position		
Employer		Employment Duration (Mo/Yr)
		to
Brief description of job duties		
Supervisor's name and title	Phone Number	
Decree for the offer Dec Year		
Reason for changing Position		
Employer		T
Employer		Employment Duration (Mo/Yr)
Brief description of job duties		to
blief description of job duties		
Supervisor's name and title	Phone Number	
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Reason for changing Position		
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Professional References

List three professional references who are not related to you who have knowledge of your capabilities and qualifications for the position for which you are applying				
Name	Address	Phone Number	Title/Occupation or Relationship	
	Miscellaneous			
Do you have any other Qualificatio	n you would like to add:			
I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for termination from the Department (if employed). I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information				
bearing upon my employment and my continued employment depends upon the will of the Department or myself.				
Applica	nt Signature		Date	