



Benton County Fire District #1 Application for Membership

Membership Level:

Volunteer Firefighter Resident Firefighter Support Services Full-Time Employment Driver Only

GENERAL INFORMATION

Name:	_____	_____	_____
	(Last)	(First)	(Initial)
Address:	_____		
	(Street Address)		
	_____	_____	_____
	(City)	(State)	(Zip)
Telephone Numbers:	_____		
	(Home)	(Work)	(Cell/Pgr)
E-Mail Address:	_____		

EDUCATION INFORMATION

High School Diploma:	<input type="radio"/> Yes <input type="radio"/> No	GED or Equivalent:	<input type="radio"/> Yes <input type="radio"/> No
College:	<input type="radio"/> Yes <input type="radio"/> No	Number of Years Attended:	_____
Degree(s):	_____		
	<i>You may be required to provide copies of diplomas or transcripts.</i>		
Military Service:	<input type="radio"/> Yes <input type="radio"/> No	If Yes, How Long:	_____
Type of Discharge:	_____		
	<i>You may be required to provide a copy of your discharge papers or DD Form 214</i>		

REFERENCES

Name:	_____	Phone Number:	_____
Address:	_____		
Name:	_____	Phone Number:	_____
Address:	_____		

Are you familiar with the job description and requirements? Yes No

Do you currently have a valid Washington State Drivers' License? Yes No

Do you currently have a valid Washington State Commercial Drivers' License? Yes No

Please state in your own words why you are applying for this position: _____

EMPLOYMENT INFORMATION

Current Employer: _____	Phone Number: _____
Occupation: _____	Years with Current Employer: _____
Previous Employer: _____	Occupation: _____
Dates: From: _____ To: _____	Phone Number: _____
Previous Employer: _____	Occupation: _____
Dates: From: _____ To: _____	Phone Number: _____

FIREFIGHTER TRAINING/EXPERIENCE

Agency: _____	Phone Number: _____
Training/Experience: _____	
Dates: From: _____ To: _____	
Agency: _____	Phone Number: _____
Training/Experience: _____	
Dates: From: _____ To: _____	

EMS TRAINING/EXPERIENCE

Agency: _____	Phone Number: _____
Training/Experience: _____	
Dates: From: _____ To: _____	
<i>Present Qualifications:</i>	
<input type="radio"/> Basic First Aid - Expires: _____	<input type="radio"/> Advanced First Aid - Expires: _____
<input type="radio"/> First Responder - Expires: _____	<input type="radio"/> EMS - State: _____ Expires: _____
<input type="radio"/> Paramedic - State: _____ Expires: _____	<input type="radio"/> ORN <input type="radio"/> LPN
<input type="radio"/> Other	

EMERGENCY CONTACT INFORMATION

Primary Name: _____	Phone Number: _____
Address: _____	
Relationship: _____	
Secondary Name: _____	Phone Number: _____
Address: _____	
Relationship: _____	

CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.



Applicant Signature

Date