

Clallam County Fire Protection District No. 1

Application

Name _____ Age _____

Present Address _____ Phone Number _____

Driver's Lic.# _____ Color of Hair _____ Eyes _____

Date of Birth _____ Social Security # _____

How long at present address _____ Occupation _____ How long _____

Do you currently have a valid Washington state drivers license? _____

Do you know of any medical or physical impairment which may restrict you in the performance of your duties as a firefighter? (If you are a disabled person, YOU ARE INVITED TO VOLUNTEER information concerning any personal physical or mental disability. The purpose is to provide information concerning proper placement and appropriate accommodations to enable you to safely and effectively perform the job(s) for which you are applying. This information will be kept confidential. FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT. If you desire, please state below any personal disability you may have, and your suggestions as to how it may be accommodated. This information needs to be disclosed at the time of application in order to make the necessary accommodations in a timely manner. It is the applicant's responsibility to make the above information known prior to any selection process beginning.)

Next of kin on persons to notify in code of an emergency:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Do you have any physical restrictions? _____

Would you be willing to obtain a physical examination from a local physician? _____

(Once hired CCFD1 will pay for your physical examination)

I HEREBY CERTIFY to the truth of the above answers, and that I am in good health, to the best of my knowledge and belief.

(Witness)

(Applicant)