

**MASON COUNTY FIRE PROTECTION DISTRICT NO. 4
APPLICATION**

Paid position applying for: Part-Time FF/EMT _____ Full-Time FF/EMT _____ Other _____

Volunteer position applying for: Firefighter: _____ EMT: _____ Live-in Resident _____ Support: _____
(please check all positions that apply)

Name _____ Mailing Address _____
City ZIP

Physical Address (if different from mailing address) _____
City ZIP

How long at present address _____ Home owner? _____ First aid card? _____

Home Phone # _____ Cell Phone # _____ Email _____

Date of Birth _____ Driver's License # _____ State _____ Expiration date _____

Highest educational level attained: (Check all that apply)

High School College Vocational GED Other _____

Present employer _____ Phone # _____ How long _____

Specific Duties performed: _____

If present employment is less than 5 years, please list past employment:

Employer _____ Phone# _____ How long _____

Employer _____ Phone# _____ How long _____

(If you need more space use back of application.)

Have you volunteered with Mason 4 in the past? _____ If yes, what years? _____

What position did you serve? _____ Reason for leaving: _____

List any relatives that are or have been employed/volunteer with Fire District 4: _____

Please list two references that *are not* family members:

1. Name _____ Relationship _____ Phone # _____

Address _____

2. Name _____ Relationship _____ Phone # _____

Address _____

List any previous Firefighting/EMS experience; *please include Department or Organization & years served:*

List other community activities/organizations you are involved with: _____

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

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. I understand and agree that all equipment and clothing issued to me is to remain the property of Fire District No. 4 and I will keep it clean and in good repair. I am to use this uniform and/or equipment on only while performing duties as a member or employee of MCFD4, I understand it is to be returned promptly upon my resignation or at the request of the Chief. I understand MCFD4 policies can be found at www.masonfire4.com and I will abide by said policies. I understand that my acceptance is at the sole discretion of the District Board of Commissioners, and I hereby authorize any investigation of my character and history, including employment, driving, and local, state, and national criminal records.

Signed _____ Date _____

******Please fill out the BSA Universal Disclosure Release form and attach it to this application.**

DISTRICT USE

Effective this date _____, _____ is a member of

Mason County Fire District No. 4.

Position _____

Change in rank to _____ Effective _____

DISTRICT FIRE CHIEF