



Lewis County Fire Protection District #1

Revised 07/25

Membership Application

POSITION APPLIED FOR <input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Association Member	PLEASE CHECK ONE <input type="checkbox"/> Administrative (pages 1-6) <input type="checkbox"/> Fast Team (pages 1, 3-6)	DATE	EMAIL ADDRESS
NAME			CELL PHONE
MAILING ADDRESS			HOME PHONE
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)			DRIVER LIC. NO.
CITY	STATE	ZIP	SOC. SEC. NO.
U.S. CITIZEN OR VISA TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			D.O.B.
ARE SPECIAL PHYSICAL ACCOMMODATIONS NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER _____
IF ACCOMMODATIONS ARE REQUIRED, PLEASE LIST:			

EMERGENCY CONTACT

NAME	RELATION	PHONE NO.
ADDRESS	CITY/STATE	ZIP

RELATED EXPERIENCE, SKILLS, TOOLS, AND CERTIFICATES

CERTIFICATE	EXPIRATION DATE (IF APPLICABLE)
CERTIFICATE	EXPIRATION DATE (IF APPLICABLE)
CERTIFICATE	EXPIRATION DATE (IF APPLICABLE)

REFERENCES

NAME	PROFESSION/RELATION	PHONE NO.
ADDRESS	CITY/STATE	ZIP
NAME	PROFESSION/RELATION	PHONE NO.
ADDRESS	CITY/STATE	ZIP
NAME	PROFESSION/RELATION	PHONE NO.
ADDRESS	CITY/STATE	ZIP



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EMPLOYMENT HISTORY (List all employers for previous 3 years)

CURRENT EMPLOYER	PHONE	FROM – TO
ADDRESS		
CITY	STATE	ZIP
TITLE / POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
HOURS CURRENTLY WORKING (DAYS OF THE WEEK)	WHAT HOURS OF DAY?	
REASON FOR LEAVING		
WILL THEY ALLOW YOU TO LEAVE WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No DO THEY SUPPORT VOLUNTEERING? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MAY WE CONTACT THE EMPLOYER AT ABOVE NUMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYER	PHONE	FROM – TO
ADDRESS		
CITY	STATE	ZIP
TITLE / POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		
MAY WE CONTACT THE EMPLOYER AT ABOVE NUMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYER	PHONE	FROM – TO
ADDRESS		
CITY	STATE	ZIP
TITLE / POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		
MAY WE CONTACT THE EMPLOYER AT ABOVE NUMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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EDUCATIONAL HISTORY

NAME AND LOCATION	FROM	TO	DEGREE/MAJOR/GPA	DATE GRADUATED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
MILITARY				
OTHER				

VOLUNTEER EXPERIENCE (List any organization you have volunteered for)

VOLUNTEER ORGANIZATION	PHONE	FROM – TO
ADDRESS		
CITY	STATE	ZIP
TITLE / POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
HOW MANY HOURS WERE CONTRIBUTED?	WHAT DAYS OF WEEK?	
REASON FOR LEAVING		

VOLUNTEER ORGANIZATION	PHONE	FROM – TO
ADDRESS		
CITY	STATE	ZIP
TITLE / POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
HOW MANY HOURS WERE CONTRIBUTED?	WHAT DAYS OF WEEK?	
REASON FOR LEAVING		



CONVICTION/CRIMINAL HISTORY INFORMATION

This form must be completed to be considered for employment

When considering individuals for employment (both career and volunteer), conviction/criminal history records are reviewed as they relate to the content and nature of the work, and the safety and security of the fire district staff and the public. A conviction/criminal history does not necessarily disqualify an individual for employment/volunteer membership. Criminal history records will be subject to a satisfactory criminal conviction report. Applicants will be asked to sign a separate release form. Applicants who do not sign the release will be removed from the consideration for employment/volunteer membership. *Note* If you have had a *felony arrest*, you cannot proceed with the application process. If you have had a *misdemeanor crime* against person within the past *10 years*, or any other *misdemeanor arrest* within the past *5 years*, you may not proceed with the application process.

INSTRUCTIONS: Complete ALL sections. The information you provide will be used only as it relates to consideration for employment (paid and volunteer).

Name (print)	Social Security Number
Position Applied for:	

CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

☐ NO ☐ YES If yes, check all that apply and describe in space below.

- | | |
|---|---|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Assault, Simple | <input type="checkbox"/> Manslaughter |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Murder, Aggravated |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Patronizing a Juvenile Prostitute |
| <input type="checkbox"/> Child Abuse or Neglect | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Promoting Prostitution |
| <input type="checkbox"/> Child Molestation | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Communication with a minor | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Criminal mistreatment | <input type="checkbox"/> Rape of a Child |
| <input type="checkbox"/> Custodial Interference | <input type="checkbox"/> Selling/Distr. Erotic Materials to a Minor |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Sexual Misconduct with a Minor |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Indecent Exposure – Felony | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Vehicular Homicide |
| | <input type="checkbox"/> Violation of Child Abuse Restraining Order |

Explanation of Violation(s):



DRIVING RECORD EVALUATION:

All applicants for career and volunteer positions with Lewis County Fire Protection District #1 will have their driving records evaluated. Lewis County Fire Protection District #1 uses the violation point system listed below. If your permanent driving record reflects a total of six (6) points or more for a period of 36 months (3 years) preceding the date of your application, you will not be allowed to continue in the process. Therefore, if you know that your driving record is less than six (6) points, you may apply. However, any new violations that occur before the completion of the probationary process, which put your total score over six (6) points will disqualify you. Annual evaluation of a member's driving record may be made during a member's employment or volunteer service. Any current member found in violation of this evaluation will result in the suspension of driving privileges and/or termination of employment with Lewis County Fire Protection District #1.

VIOLATIONS

POINTS

Revocation of driver's license	8
Denial of issuance of driver's license	8
Negligent homicide	8
Driving while intoxicated (involving an accident)	8
Driving while intoxicated (not involving an accident)	6
Reckless driving (involving an accident)	8
Reckless driving (not involving an accident)	6
Negligent driving (involving an accident)	5
Negligent driving (not involving an accident)	4
Hit and Run (attended, occupants in vehicle)	8
Hit and Run (unattended, no occupants in vehicle)	6
Driving while license is suspended (DWLS)	4
Speeding in excess of the posted limit:	
0-14 mph over	2
15-19 mph over	3
20-25 mph over	4
26 mph and over	5
Convictions or forfeitures for other moving violations:	
Each violation involving an accident	4
Each Violation not involving an accident	2

Explanation of Violation(s):



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Lewis County Fire Protection District #1 is an equal opportunity employer. Women and minorities are encouraged to apply. By signing this form, under penalty of perjury, I am certifying that all answers are true and accurate to the best of my knowledge. I understand that untruthful or misleading answers may be cause for rejection of my application, removal of my name from the register, or dismissal if already employed. I authorize Lewis County Fire Protection District #1 to make inquiries regarding the information on my application, including a background, conviction/criminal history, and a driving record check, and waive my right to confidentiality for purpose of such inquiries. I release all parties and persons associated with such inquires in connection with information they give.

I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED.

SIGNATURE

DATE

PLEASE SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE WITH APPLICATION.

Deliver to the station at 1733 St Rt 508, Onalaska, WA 98570
Or mail to PO Box 100, Onalaska, WA 98570
Or secure fax at 360-925-3966
Or email to admin1@onalaskafire.org