City of Kirkland Application for Employment

Human Resources Use Only

Kirkland Fire Department – LT Mark Buenting 123 Fifth Avenue, Kirkland, Washington 98033 425-587-3650 www.ci.kirkland.wa.us **An Equal Opportunity Employer**	You must submit a separate Application for each position. Read the Position Opening Announcement to see if a Supplemental Questionnaire is required. **DO NOT submit a photograph of yourself.**

Complete all information from this point forward. An Incomplete/Altered Application may disqualify you from further consideration.

Applicant: Write the Job # Here	**Applicant:** Write the Position Title of the Job you are applying for here
Job # KFD 10-01	**Reserve Firefighter**

Name _____ (Last) _____ (First) _____ (Middle)

Address _____

City _____ **State** _____ **Zip** _____

Home Phone ( ) _____ **Cell** ( ) _____ **Work** ( ) _____ **Email** _____

Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.? ☐ **Yes** ☐ **No**

Are you over the age of 18? ☐ **Yes** ☐ **No**
If not, give date of birth:_____

Do you have, or can you obtain, a valid Washington State Driver's License? ☐ **Yes** ☐ **No**

Do you wish to claim Veteran's Preference? (Police Officer position only) ☐ **Yes** ☐ **No**

TRAINING AND EDUCATION

Highest Grade Completed: ☐ **8** ☐ **9** ☐ **10** ☐ **11** ☐ **12** ☐ **GED**

Colleges/Other Training	Subject/Major	Degree/Certificate	Date Completed

MOTIVATION AND EXPERIENCE

On a separate page, please explain why you are interested in becoming a Reserve Firefighter and what skills and experience you would bring to the program.

Do you have a current Commercial Driver's License? ☐ **Yes** ☐ **No**

CRIMINAL CONVICTION

The City of Kirkland is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. **A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.** Have you been convicted of a felony or released from jail within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? ☐ **YES** ☐ **NO**

If Yes, Please Explain _____

PROFESSIONAL REFERENCES (Do Not List Relatives)

Name/Title _____ **Employer** _____ **Phone** ( ) _____

Name/Title _____ **Employer** _____ **Phone** ( ) _____

Name/Title _____ **Employer** _____ **Phone** ( ) _____

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Kirkland is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License. I authorize investigation of all statements in this application.

Thank you for applying. We will only contact those applicants who will be invited to test or interview for the position.

Signature _____ **Date** _____

WORK HISTORY

Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying**. Complete the following sections even if you are submitting a resume** in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here : _____

Employer's Name _____ **From** _____ (Mo/Year) **To** _____ (Mo/Year)

Address _____ **Supervisor** _____

Phone _____ **Hours Worked Per Week** _____

Position _____ **Start Salary** _____

Number Of Employees Supervised By You _____ **Last Salary** _____

Reason For Leaving _____

Primary Duties _____

Employer's Name _____ **From** _____ (Mo/Year) **To** _____ (Mo/Year)

Address _____ **Supervisor** _____

Phone _____ **Hours Worked Per Week** _____

Position _____ **Start Salary** _____

Number Of Employees Supervised By You _____ **Last Salary** _____

Reason For Leaving _____

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Reason For Leaving _____

Primary Duties _____

CITY OF KIRKLAND
Human Resources
505 Market Street, Ste. B, Kirkland, WA 98033 425.587.3210
www.ci.kirkland.wa.us

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.
Current and/or prior employers will only be contacted after an applicant has been notified that they are a finalist.

I certify that the information given by me to the City of Kirkland is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with City of Kirkland interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Kirkland, in consideration of the review of my employment application, do authorize the City of Kirkland to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Kirkland from any liability for future references it may provide regarding my work history at the City of Kirkland.

If employed, I further agree that if I lose, damage, or fail to return any of the City of Kirkland's property, the City of Kirkland is authorized to deduct from my wages sufficient funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Date _____

Name (Please Print) _____

Signature _____

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DRIVING RECORD

(To be completed with application)

Name: _____ _____ _____
Please Print Last First MI

List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.

State	Month/Year	Type of Infraction

Infractions or citations will not necessarily remove you from consideration. The City will; however, consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed:_____ Date:_____

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to Human Resources. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

City Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

- Violations
  More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

- Accidents
  More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ACT ABUSE INFORMATION ACT
RCW 43.43.831 THROUGH 43.83.845

Date Stamp Records Check

REQUESTING AGENCY INFORMATION

City of Kirkland, Fire Department
Agency Name

Lt. Mark Buenting
Department Supervisor Name

Check performed by:

Reserve Firefighter
Employment Position

Fire Department
Department

Employee Name

APPLICANT INFORMATION: Please write clearly: all information is mandatory

Applicant Last | First | Middle Name or Initial

Alias/Maiden Name(s)

Date of Birth mo.date.year | Sex | Race

Social Security Number | Driver's License Number | State

Applicant Signature | **Date**

Pursuant to RCW 10.97 signing this release will allow a further check if deemed necessary by the information received from the **Washington State Patrol Criminal History Section**.

Additional background fingerprint based checks will be run with **WACIC/NCIC** if deemed necessary to obtain the appropriate clearance for the position that you are applying.

Note: A conviction record will not necessarily disqualify you for employment unless such a record would reasonably affect your fitness for the job for which you have applied.