

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 _____ <small>Mo/Year</small>	To _____ <small>Mo/Year</small>
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 _____ <small>Mo/Year</small>	To _____ <small>Mo/Year</small>
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number Of Employees Supervised By You _____	Last Salary _____	
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Address _____	Supervisor _____	
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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 _____



**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 **Fire Department**

Employment Position 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.