

# Lewis County Fire District #3

PO BOX 127, 238 Mossyrock Rd. E.

Mossyrock, WA 98564-0127

Office: (360) 983-3456

Fax: (877) 832-9273

## Section 3-2.2

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Driver's License Number and State: \_\_\_\_\_ (Attach Copy)

Social Security Number: \_\_\_\_\_ (Attach copy)

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ (if any)

E-mail: \_\_\_\_\_

Spouse name: \_\_\_\_\_

Spouse phone number: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Are you related to a member of Lewis County Fire District 3? Yes No

If so, who? \_\_\_\_\_

## MEDICAL INFORMATION

Your Doctor's Name and Phone: \_\_\_\_\_

Are you on any Medications? NO YES (List below and what is being treated)

\_\_\_\_\_

Are you allergic to anything? NO YES (List Below)

\_\_\_\_\_

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a Firefighter? NO YES (List Below)

\_\_\_\_\_

List any accommodations or adaptations you might need to perform your duties:

\_\_\_\_\_

## PHYSICAL RECORD

Weight \_\_\_\_\_ Height \_\_\_\_\_ Coat size \_\_\_\_\_ Waist \_\_\_\_\_ Shoe size \_\_\_\_\_

Glasses? Yes/No Asthma? Yes/No Seizures? Yes/No Heart Disease? Yes/No

Any other physical conditions that may limit your ability to perform as a fire fighter?

Yes/No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lewis County Fire District #3**

**EDUCATION**

Grade Level \_\_\_\_\_ College \_\_\_\_\_ Trade School \_\_\_\_\_

Previous fire fighter training? \_\_\_\_\_

What Department and phone number? \_\_\_\_\_

First Aid card? Yes/No    EMR? Yes/No    EMT? Yes/No    Years Certified \_\_\_\_\_

As a member I am aware I must obtain and maintain First Aid Certification \_\_\_\_\_

(Initial)

What interests you the most about becoming involved with Lewis County Fire District 3?  
(Use the back of this page if necessary)

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Are you able to attend meetings and training on a regular basis (most are Tuesday nights from 7-9pm)?

Yes/No If not, why? \_\_\_\_\_

Have you ever been arrested, ticketed or fined? Yes/No If so, list the date and charge:

\_\_\_\_\_  
(Felony convictions will prevent you from being a member of LCFD#3.)

**WORK INFORMATION**

Current Employer:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Your position/title/duties:

\_\_\_\_\_  
Supervisor Name/Title:

\_\_\_\_\_  
May we contact your employer? Yes No

How many hours per week do you usually work? \_\_\_\_\_

You may list any other pertinent work history on the back of this page.

Any other extracurricular activities you would like us to consider: (sports, church, leadership, etc.)

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**Lewis County Fire District #3**

REFERENCES

We would like to call at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service. Do not repeat names listed above.

Friend, Co-worker, Friend of family, etc.:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact them: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact them: \_\_\_\_\_

I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding to an incident. I understand that it is the right of Lewis County Fire District 3 to terminate this program at any time for any reason. Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

X \_\_\_\_\_  
Applicant's Signature Date

FOR DEPT USE ONLY:

- \_\_\_\_\_ Date received
- \_\_\_\_\_ Background Check Report
- \_\_\_\_\_ References
- \_\_\_\_\_ Interview
- \_\_\_\_\_ Accepted
- \_\_\_\_\_ Probation
- \_\_\_\_\_ Final Acceptance

\_\_\_\_\_  
Chief

\_\_\_\_\_  
Safety Officer

\_\_\_\_\_  
Training Officer

\_\_\_\_\_  
Asst. Chief