



**SKAGIT COUNTY FIRE PROTECTION DISTRICT NO. 6  
PERSONAL HISTORY STATEMENT**

**POSITION(S) APPLIED FOR**

- Part-time Firefighter
- Resident Firefighter
- Volunteer Firefighter

**PERSONAL INFORMATION:**

The following information is required of you for verification and contact purposes:  
(Please print or type.)

**NAME:**

\_\_\_\_\_  
Last First Middle

**OTHER:** \_\_\_\_\_  
(Including nicknames, maiden names, and previous married names you have used or have been known by.)

**ADDRESS (current):** \_\_\_\_\_  
Number/ Street City State Zip

**PHONE NO. (Day):** \_\_\_\_\_ **PHONE NO. (Night):** \_\_\_\_\_

**HOURS YOU CAN BE REACHED:** \_\_\_\_\_  
(Day) (Night)

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_  
Month Day Year

District regulations require employees to be U.S. citizens. You must provide such documentation.

**SOCIAL SECURITY NO.** \_\_\_\_\_ In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

**IDENTIFICATION PURPOSES:** \_\_\_\_\_  
Height Weight Hair Color Eye Color

**PRESENT OR LAST FIRE DEPARTMENT YOU WERE WITH:**

DEPARTMENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number/Street City State Zip

NAME OF SUPERVISOR: \_\_\_\_\_

DEPARTMENT PHONE NO. \_\_\_\_\_ PAID OR VOLUNTEER DEPARTMENT: \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past five years. (For the purposes of this personal history statement, voluntary work would be included as employment.) For identification and verification, indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

<b>Dates of Employment</b>	<b>Name/Address/Phone No. of Employer</b>	<b>Name of Supervisor</b>
From            To		
Mo   Yr   Mo   Yr	_____	
___/___   ___/___		
<input type="checkbox"/> Full-Time	_____	
<input type="checkbox"/> Part-Time	Title or duties (for identification purposes)	
<input type="checkbox"/> Voluntary	_____	
	Name(s) of co-worker(s)	

Reason for leaving

<b>Dates of Employment</b>	<b>Name/Address/Phone No. of Employer</b>	<b>Name of Supervisor</b>
From            To		
Mo   Yr   Mo   Yr	_____	
___/___   ___/___		
<input type="checkbox"/> Full-Time	_____	
<input type="checkbox"/> Part-Time	Title or duties (for identification purposes)	
<input type="checkbox"/> Voluntary	_____	
	Name(s) of co-worker(s)	

Reason for leaving

<b>Dates of Employment</b>	<b>Name/Address/Phone No. of Employer</b>	<b>Name of Supervisor</b>
From            To		
Mo   Yr   Mo   Yr	_____	
___/___   ___/___		
<input type="checkbox"/> Full-Time	_____	
<input type="checkbox"/> Part-Time	Title or duties (for identification purposes)	
<input type="checkbox"/> Voluntary	_____	
	Names(s) of co-worker(s)	

Reason for leaving

**EXPERIENCE AND EMPLOYMENT – Continued**

**Dates of Employment**                      **Name/Address/Phone No. of Employer**      **Name of Supervisor**  
From                      To  
Mo   Yr   Mo   Yr  
\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_

- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
\_\_\_\_\_  
Title or duties (for identification purposes)  
\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

**Dates of Employment**                      **Name/Address/Phone No. of Employer**      **Name of Supervisor**  
From                      To  
Mo   Yr   Mo   Yr  
\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_

- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
\_\_\_\_\_  
Title or duties (for identification purposes)  
\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

**Dates of Employment**                      **Name/Address/Phone No. of Employer**      **Name of Supervisor**  
From                      To  
Mo   Yr   Mo   Yr  
\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_

- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
\_\_\_\_\_  
Title or duties (for identification purposes)  
\_\_\_\_\_  
Names(s) of co-worker(s)

Reason for leaving

Would any problem result if your present employer was contacted during the course of the background investigation?     Yes     No

If “no”, when should such contact be made?

If you have had no prior employment, please explain in the space below.

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Have you ever filed a claim(s) for workers' compensation?  Yes  No

If "yes", please give details (include when, where, circumstances).

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Have you had any extended work absences for reasons other than earned vacations?  Yes  No

Have you ever been fired or asked to resign from any place of employment?  Yes  No

If "yes", please give details (include when, where, circumstances).

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**EDUCATION**

This position requires a high school diploma or the equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a college diploma.
- I have some college.
- I possess a high school diploma.
- I possess the G.E.D. (General Educational Development) test.
- I possess other equivalent. Explain \_\_\_\_\_

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made. Please fill in the spaces provided below:

Name of School	Location of School (City and State)	Dates Attended		School remarks (type of degree, etc.)
		From	To	
High School:				
College or University:				
Trade or Vocational School:				
Firefighter I Certification				
EMT Certification earned				
Additional Training or Certificates Earned:				

*(Please attach copies of all diplomas, certificates, and/or college transcripts.)*

**REFERENCES**

In the space below please list as references three to five individuals who have knowledge of you and your qualifications. Please exclude relatives, former employers and friends.

NAME MAILING ADDRESS TELEPHONE

NAME MAILING ADDRESS TELEPHONE

NAME MAILING ADDRESS TELEPHONE

NAME MAILING ADDRESS TELEPHONE

NAME MAILING ADDRESS TELEPHONE

Have you ever been arrested or charged with any violation, excluding traffic and parking tickets? Yes No

List all such matters, even if not formally charged, or no court appearance, or found guilty, or matter settled by payment of fine or forfeiture of collateral.

Date	Place & Department	Charge	Final Disposition	Details

**MOTOR VEHICLE OPERATION**

Operation of a motor vehicle is an integral part of the position of part-time firefighter. An investigation of your driving history will be made through a records check.

Washington State Driver’s License Number Expiration Date

**(PLEASE INCLUDE A COPY OF YOUR DRIVER’S LICENSE AND STATE DRIVING ABSTRACT OBTAINED WITHIN THE LAST 30 DAYS)**

Name(s) under which license(s) were granted

Please list other states where you have been licensed to operate a motor vehicle.

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_





Skagit County Fire Protection District No. 6  
16220 Peterson Road  
Burlington, WA 98233  

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(360) 757-2891 ♦ Fax (360) 757-6537

**REFERENCE AND BACKGROUND INFORMATION RELEASE**

I, \_\_\_\_\_, hereby authorize the Washington State Patrol to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information.

I authorize all previous employers to furnish the District with any and all such information as described above that they might have regarding my employment and reason for leaving.

I 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.

I understand that a copy of this release may be provided to previous employers and references.

If employed, I release the District from any liability for future references the District provides regarding my work history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Copy to:

\_\_\_\_\_  
Employer/Reference Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Skagit County Fire Protection District No. 6  
Part-time, Resident & Firefighter Application

NOTE TO DEPARTMENT: Please make a copy of releases that are sent to references. Attach original and copies to job application.