

SAN JUAN COUNTY FIRE DISTRICT #4 APPLICATION

To apply, complete the **application form below** and write a one-page **letter of interest** telling us:

- Why are you interested in becoming an EMT?
- What do you feel you will bring to the program?
- What challenges do you expect to face while serving as a EMT?
- How do you plan to overcome these challenges?
- How will you balance your EMS commitments with your other responsibilities?
- Is there anything else you want us to know about you as a candidate?

Your completed application and letter of interest can be dropped by the station, submitted by email to lopezfire@lopezfire.com.

Application

Name: _____
Last First M.

Address: _____ Lopez Island, WA 98261

Position Applying For: _____ Phone: _____

Email Address: _____

How long have you resided on Lopez Island? _____ In Washington? _____

Related Experience and Education:

List any traffic citations you have received: _____

Do you have a record of any convictions during the past seven (7) years? Yes: ___ No: ___

If yes please explain: _____

At the District's cost, do you allow District 4 to make a complete background check of your driving record including driver's abstract, and for any convictions you might have had? Yes: _____ No: _____

Washington State Driver's License No: _____ Expiration Date: _____

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Person to be notified in the event of an emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

If selected, do you agree to take a physical examination that District 4 schedules and pays for? Yes: ___ No: ___

Please list any physical conditions that could in any way inhibit your ability to perform the job you are applying for:

List three (3) personal references that we may contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Are you willing to take assigned periods of duty, attend training sessions, and abide by District 4 rules, regulations, policies and guidelines? Yes: ___ No: ___

I certify the information given on this application is true and correct. I also understand information on this application is confidential and will be treated as such.

Signature: _____ Date: _____

Rev: 8/24