

163 Village Ct, Monroe, WA 98272 Phone (360) 794-7666 * Fax (360) 794-0959 * www.snofire7.org hr@snofire7.org

APPLICATION FOR EMPLOYMENT

Position Titl	e:	

An Equal Opportunity Employer

Snohomish County Fire District 7 is an equal opportunity employer. We do not and will not discriminate on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability is recognized as and declared to be a civil right. Information provided on this application will not be used for any discriminatory purpose. Those needing any additional assistance or accommodation in the recruitment process can contact the District's Human Resources Division.

Instructions to Applicant:

- * Read application carefully and complete, provide all information requested
- * Complete application by typing or use dark ink only
- * Submit to the address listed above

Applicant Information

Last Name	Fir	rst	Middle	
Home Phone Number	Cell Number	!	Alternate Names Used	
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Llaws o Address s	Cit		Chata	7:- 0 - 1 -
Home Address	City	y	State	Zip Code
Mailing Address (if different than home address) City		v	State	Zip Code
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E-Mail Address				



Education History

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School Name	Location City / State	Degree and Area of Study	Grad Yes	uated No	Mo/Yr of Graduation
High School					
Technical/Trade School					
College (list all attended)					

Special Skills

List Skill	Where you have applied the following skills	Years experience



Employment History

If more space is required, please continue on a separate sheet.

Employer		Employment Duration (Mo/Yr)
		to
Title and brief description of job duties		
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Supervisor's name and title	Phone Number	
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Reason for changing Position		
Employer		Employment Duration (Mo/Yr)
		to
Title and brief description of job duties		
Supervisor's name and title	Phone Number	
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Reason for changing Position		
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Employer		Employment Duration (Mo/Yr)
Title and brief description of job duties		to
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Supervisor's name and title	Phone Number	
Reason for changing Position	L	



Professional References

List three professional references who are not related to you who have knowledge of your capabilities and qualifications for the position for which you are applying				
Name	Address	Phone Number	Title/Occupation or Relationship	
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	Miscellaneous	e		
	moonanoou			
Do you have any other qualification, co	ertification, license, or skill, you would like to	o add? If so, please list	below:	
I hereby certify that the answers and other information on this application are true and correct and that I understand any				
misrepresentation or omission of facts on my part will be justification for termination from the Department (if employed). I understand that				
my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the Department or myself.				
seaming aporting employment and my continuou employment appoints apointing will of the Department of myself.				
Applicant S	ignature		Date	