



**KING COUNTY FIRE PROTECTION DISTRICT NO. 27**

P.O. BOX 609, FALL CITY, WA 98024  
(425) 222-5841 FAX (425) 222-4566



**APPLICATION FOR FIRE CORPS**

**PERSONAL INFORMATION**

NAME (LAST, FIRST, INITIAL)		DATE OF APPLICATION	
STREET ADDRESS & MAILING ADDRESS (IF DIFFERENT)		E MAIL ADDRESS	
CITY, STATE, ZIP CODE		DRIVERS LICENSE NO.	STATE
TELEPHONE NUMBER	Applicants must be at least 18 years of age or older. Applicants between 16 to 18 years of age must have parental approval before applying.		
How did you hear about the Fire Corps Program?			

**TRAINING AND EDUCATION**

Circle highest grade completed in school: 9 10 11 12	College: 1 2 3 4	Graduate School: 1 2 3 4
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Colleges / Other Training	Location	Subject/Major	Degree/Certificate

**REFERENCES**

LIST THREE PERSONS WHO ARE: NOT RELATED TO YOU; YOU HAVE KNOWN AT LEAST ONE YEAR; ARE NOT AFFILIATED WITH THIS ORGANIZATION

NAME	ADDRESS, CITY, STATE, ZIP	TELEPHONE NO.	YRS KNOWN
1			
2			
3			

**VOLUNTEER HISTORY:** Please list your volunteer activities (including agencies) for the last five (5) years:

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**EMPLOYMENT HISTORY START WITH PRESENT / LAST EMPLOYER**

EMPLOYER'S NAME:	EMPLOYERS ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM	TO	REASON FOR LEAVING
SPECIFIC DUTIES			

EMPLOYER'S NAME	EMPLOYERS ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM	TO	REASON FOR LEAVING
SPECIFIC DUTIES			

EMPLOYER'S NAME	EMPLOYERS ADDRESS	TELEPHONE NO.	JOB TITLE
IMMEDIATE SUPERVISOR	FROM	TO	REASON FOR LEAVING
SPECIFIC DUTIES			

**Supplemental Questions:**

Are you a former King County Fire District 27 volunteer or employee? \_\_\_\_\_

Do you live within the King County Fire District 27 primary response area? \_\_\_\_\_

If you answered **No** to the above, where is your current residence? (City/Town/Etc.) \_\_\_\_\_

Are you a current member of: (circle all that apply)

CERT      Medical Reserve Corps (MRC)      Red Cross

Amateur Radio Operator      Search & Rescue

Have you completed any FEMA ICS courses for which you have a certificate? (circle those that apply)

ICS 100      ICS 200      ICS 300      ICS 400      ICS 700      ICS 800      Other: Please list

Please indicate any of the following areas you have interest in: (circle all that apply)

Backup/Disaster and Event Communications      Firefighter Rehab/Logistics      Event Medical Support

Public Education Events      CERT Instructor      All of the Above

1. Why are you interested in becoming a Fire Corps member with King County Fire District 27?

2. Do you have any health conditions or physical limitations? Do you have a request for reasonable accommodations?

3. Are you aware of, and have you considered the potential risks involved in being a Fire Corps member?

Parent or guardian signature if applicant is under 18 years of age.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF MY APPLICATION, REMOVAL OF MY NAME FROM THE REGISTER, OR DISMISSAL.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: