



Fire District 3 Application for Membership

Position Applied For:

- Entry Level Firefighter
- Lateral Firefighter

- Entry Level Firefighter-Paramedic
- Lateral Firefighter-Paramedic

Name:
(FIRST) (MIDDLE) (LAST)

Email Address:
(All correspondence will be conducted via email)

Address:
(STREET) (CITY) (STATE)

Contact Number: (____) - (____) - (____) **Date of birth:** ____ / ____ / ____

SSN:

GENERAL INFORMATION:

False information on this application shall be considered sufficient cause for discharge. The district, before the appointment, may check education and work experience. Complete all portions of the application form, including the special questions relating to experience and education. You may attach additional pages if necessary to fully answer all questions.



Do you have any activities, commitments or responsibilities that may prevent you from meeting activity requirements? YES NO

If yes, explain in the box below. If more space is needed, please attach additional pages.

Do you have any physical, mental, or sensory limitations or disabilities, which relate reasonably to fitness to perform the duties or the position for which you are applying?

YES NO

If yes, explain in the box below. If more space is needed, please attach additional pages.

List special training, skills, and experience that you have which you believe would benefit the district: Please list in the box below:

If more space is needed, please attach additional pages.

Within the past seven years, have you been convicted of any crime? YES NO

If yes, explain in the box below. If more space is needed, please attach additional pages.



EDUCATION

High School	
Date Graduated	
Address	
GED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

College	
Date Graduated	
Address	
Major	
Graduated?	<input type="checkbox"/> YES <input type="checkbox"/> NO

College	
Date Graduated	
Address	
Major	
Graduated?	<input type="checkbox"/> YES <input type="checkbox"/> NO

College	
Date Graduated	
Address	
Major	
Graduated?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Grad School	
Date Graduated	
Address	
Major	

Graduated? YES NO

Business/ Trade School	
Date Graduated	
Address	
Major	

Graduated? YES NO



EMPLOYMENT HISTORY

EMPLOYER NAME

EMPLOYER ADDRESS:

CONTACT NUMBER: (___) - (___) - (___) **SUPERVISOR:**

DATES OF EMPLOYMENT: ___ / ___ - ___ / ___

JOB DUTIES

EMPLOYER NAME

EMPLOYER ADDRESS:

CONTACT NUMBER: (___) - (___) - (___) **SUPERVISOR:**

DATES OF EMPLOYMENT: ___ / ___ - ___ / ___

JOB DUTIES



EMPLOYMENT HISTORY

EMPLOYER NAME

EMPLOYER ADDRESS:

CONTACT NUMBER: (___) - (___) - (___) **SUPERVISOR:**

DATES OF EMPLOYMENT: ___ / ___ - ___ / ___

JOB DUTIES

EMPLOYER NAME

EMPLOYER ADDRESS:

CONTACT NUMBER: (___) - (___) - (___) **SUPERVISOR:**

DATES OF EMPLOYMENT: ___ / ___ - ___ / ___

JOB DUTIES



APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF APPLICATION:

A pre placement health and psychological evaluation if required; background and driving record checks; meeting minimum age requirements of applicable laws and submitting proof of true age if required; submitting proof of citizenship or U.S. work permit if required; completing and executing surety bond application if required; meeting attendance and performance requirements; conforming to other District rules, regulations, and instructions.

I certify and affirm that I have read the notice above, personally completed this application, or requested its completion, and all statements contained herein are true and complete. By signing below, I also agree that any or all information required for background or driver's information may be released to the district. NOTICE: Any oral or written false statements in this application, fraudulent or misleading, whether made by me or by others at my request, will result in rejection of my application or denial of acceptance and dismissal.

APPLICANT SIGNATURE: _____

Washington State provides reasonable accommodation to persons requiring testing assistance due to reading disability, English as a second language, or other conditions that may interfere with taking a test. Please indicate whether you require any such assistance and the nature of the assistance requested. The information provided will be kept confidential and will only be used to provide the resources needed.

YES, I do require testing assistance in:

SUBMITTING YOUR APPLICATION

Applications may only be submitted in person at Station 31 or mailed to our PO Box. Applications must be received by August 14th, 2026 at 3:00 pm. Applications received after 3:00 pm on August 14th, 2026 will not be accepted. Applications will not be accepted via email or fax.

Station 31 – In Person Submission

17718 NE 159th St
Brush Prairie, WA 98606

Mailing Address

PO Box 459
Brush Prairie, WA 98606

**PHONE CALLS WILL NOT BE ACCEPTED.
PLEASE EMAIL QUESTIONS TO RECRUITMENT@FIRE3.ORG**