



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

## BENTON COUNTY FIRE PROTECTION DISTRICT NO. 4

Thank you for the interest in becoming part of our team at Benton County Fire Protection District #4. The following is some information about BCFD#4 and the process to become a member:

Benton County Fire Protection District #4 is a special purpose district that provides fire protection and emergency medical services to the City of West Richland and surrounding county areas encompassing 52 square miles. Our incident types include emergency medical services, structural fires, wildland fires, citizen assists, vehicle accidents, water rescues, and hazardous materials responses. We are comprised of a combination staff including 15 career staff and more than 30 volunteers. We operate out of two stations, with a third station expected to open in 2020, that house multiple emergency apparatus types and command/staff vehicles. Additional history and information can be found at our website: [www.bcf4.org](http://www.bcf4.org).

Volunteers who do not have previous experience are provided training in both wildland and structural firefighting, as desired. Volunteers is strongly encouraged to become involved with the department as much as possible. In addition to calls for service, other activities include school fire safety activities, smoke detector replacements, District program support, and providing assistance and making appearances in support of local community functions and events.

Applicants must meet the following minimum requirements:

- Submit a complete and accurate application.
- Be 18 years of age at appointment (except 16 years of age for Logistics applicants) and eligible to work in the United States.
- Possess a high school diploma or GED.
- Have and maintain an insurable driving record.
- Have a clear criminal history for crimes against people or involving drugs or firearms.
- Pass a background investigation.
- Be physically fit, maintain physical fitness for duty, and perform any required firefighting, rescue, and emergency medical activities.
- Live within a reasonable response time to either of the district's stations (volunteer responders only).

BCFD4 normally recruits once per year depending on the need for volunteers and in conjunction with the recruit training. A representative from BCFD#4 will contact you about the recruiting process after receiving your application.

If information on your application requires updating (i.e. address, phone number, name changes, etc.), please contact the District office with the new information. The office may be contacted at 2604 Bombing Range Road, West Richland, Washington 99353-7717. Telephone (509) 967-2496 Fax (509) 967-5222;

Web site: <http://www.bcf4.org/>



Benton County Fire Protection District No. 4  
Application for Employment  
Membership Level:

- Volunteer Firefighter or EMS Responder     Resident/Intern Firefighter     Logistics Personnel     Full-Time Employment

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

List all names now or in the past you have used: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers: \_\_\_\_\_  
(Home) (Work) (Cell)

E-Mail Address (required): \_\_\_\_\_

**EDUCATION INFORMATION**

High School Diploma:  Yes  No    GED or Equivalent:  Yes  No

College:  Yes  No    Number of Years Attended: \_\_\_\_\_

Degree(s): \_\_\_\_\_  
You may be required to provide copies of diplomas or transcripts

Military Service:  Yes  No    If yes, how long: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_  
You may be required to provide a copy of your discharge papers or DD Form 214

**REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer: _____	Phone Number: _____
Occupation: _____	Number of Years: _____
Start Date: _____	End Date: _____
Reason for leaving: _____	
Employer: _____	Phone Number: _____
Occupation: _____	Number of Years: _____
Start Date: _____	End Date: _____
Reason for leaving: _____	
Employer: _____	Phone Number: _____
Occupation: _____	Number of Years: _____
Start Date: _____	End Date: _____
Reason for leaving: _____	

**FIREFIGHTER TRAINING/EXPERIENCE**

Agency Name: _____	Phone Number: _____
Training/Experience: _____	
Start Date: _____	End Date: _____
Describe your experience including number of calls and drills made per year: _____	
_____	
Paid or Volunteer _____	
Agency Name: _____	Phone Number: _____
Training/Experience: _____	
Start Date: _____	End Date: _____
Describe your experience including number of calls and drills made per year: _____	
_____	
Paid or Volunteer _____	

**EMS TRAINING/EXPERIENCE**

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Training/Experience: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Present Qualifications:

- Basic First Aid – Expires: \_\_\_\_\_
- First Responder – Expires: \_\_\_\_\_
- Paramedic – State: \_\_\_\_\_ Expires: \_\_\_\_\_
- Other
- Advanced First Aid – Expires: \_\_\_\_\_
- EMT – State \_\_\_\_\_ Expires: \_\_\_\_\_
- RN
- LPN

**EMERGENCY CONTACT INFORMATION**

Primary Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**AGREEMENT, CERTIFICATION, AND AUTHORIZATION**  
**(PLEASE READ CAREFULLY)**

I authorize my current and former employers(s) to provide Benton County Fire Protection District #4 representatives any information regarding my current and former employment. I understand that such information may or may not help my application for employment with Benton County Fire Protection District No. 4.

I hereby release any current or former employer, its agents or employees from all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability that are written out above are knowing, intelligent, and voluntary acts.

I understand that as a condition of employment, a background check will be conducted, and I must pass a pre-employment physical examination. The background includes reference checks, a criminal history, and driving record check. Certain positions require drug and alcohol testing, credit checks, fingerprinting, and a psychological examination.

I understand that as a condition of employment I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered cause for employment disqualification or discharge.

I understand that this application does not constitute as a contract for employment and that the District has policies, procedures and other documents that govern employment rights.

Benton County Fire Protection District #4 does not discriminate against an employee or applicant for employment status because of race, color, religion, sex, age, marital status, national origin, creed or physical handicap, unless based on a genuine occupational qualification.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if <18 years of age)

\_\_\_\_\_  
Date

**NOTICE: To be accepted for consideration, all applications must be completed, signed, and dated. Incomplete applications will be rejected.**

## APPLICANT CHECK LIST

The following documents must be submitted with the application:

- Completed and signed application
- Copy of 3 year Driving Abstract (obtained from WA (or current state) DOL website). For Washington State residents, Select 'Employment Record'.
- Copy of High School Diploma, GED, or College Diploma (a transcript is an acceptable form of proof)

The following documents are optional; please attach copies that are relevant to the position for which you are applying:

- Copy of any wildland firefighting qualifications (e.g. Red Card)
- Copy of certificate(s) showing NFPA Firefighter 1 (or equivalent)
- Copy of EMS certificate/license
- Other optional but important certificates
- Copy of training records from prior departments or organizations