

# **APPLICATION REQUIREMENTS FOR FIREFIGHTER/EMT & LOGISTICS**

## **Incomplete applications will not be accepted**

Return the completed application to our main station located at 7809 N Road 36. The completed packet **must** include the following items:

- 5 – year driver's abstract
- Copy of social security card
- Copy of Washington State Driver's License
- Copy of High School Diploma or GED
- Copy of any applicable certifications or licenses (i.e. EMT, 1<sup>st</sup> Aid, CPR)
- Completed authorization to release information & confidential disclosure forms, **which must be notarized.**

### **PRE-EMPLOYMENT REQUIREMENTS**

- Successful completion of the written test.
- Successful completion of the physical ability test.
- Successful completion of an oral interview.
- Successful completion of a medical examination & respirator clearance.

### **POST-EMPLOYMENT REQUIREMENTS**

A probationary period of 12 months of service and requirements below must be completed to be qualified for Firefighter/EMT:

- Complete new hire paperwork
- Review policies & procedures
- Complete ICS 100, 200 & 700
- District orientation
- Hazmat Awareness
- First Aid/CPR/HIPPA
- EMTs – need to successfully complete a protocol test and skills assessment test
- Complete a communications class
- Successfully complete wildland and/or structure training

A probationary period of 12 months of service and requirements below must be completed to be qualified for Logistics:

- Complete new hire paperwork
- Review policies & procedures
- Complete ICS 100, 200 & 700
- District orientation
- First Aid/CPR/HIPPA
- Complete a communications class
- Obtain food handlers card
- Know NFPA 1584 rehab standards

# Franklin County Fire Protection District No. 3

## Application for Volunteer

- ☐ Structure Firefighter Only      ☐ Wildland Firefighter Only      ☐ EMT Only  
☐ Firefighter/EMT      ☐ Resident Firefighter/EMT

### GENERAL INFORMATION

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

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

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

Years at this address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you being recommended by a current member of this department, or have any relatives presently on this department?

YES NO

If yes, please list name(s): \_\_\_\_\_

### EDUCATION INFORMATION

Name & location of high school attended: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_ Did you graduate? YES NO

If you are not a high school graduate, do you have a certificate of equivalency (GED)? YES NO

If yes, give date: \_\_\_\_\_

Schools attended after high school, or special training received:

\*If currently in school, include present term:

Name & Location	From - To	Field of Study	Degree

## **REFERENCES**

List the names of three people other than former employers and relatives having knowledge of your character, experience or ability:

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

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

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

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

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

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

**EMPLOYMENT HISTORY:** Provide information on present and former employers for the last 7 years beginning with the most recent.

Employing firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time or Part time

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employing firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time or Part time

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employing firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time or Part time

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **FIREFIGHTING/EMT EXPERIENCE**

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

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Paid or Volunteer

Describe your experience including number of calls and drills made per year:

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

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Paid or Volunteer

Describe your experience including number of calls and drills made per year:

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### **Present Qualifications**

- ☐ Basic First Aid – Expires: \_\_\_\_\_
- ☐ First Responder – Expires: \_\_\_\_\_
- ☐ Advanced First Aid – Expires: \_\_\_\_\_
- ☐ EMT-B – State: \_\_\_\_\_ Expires: \_\_\_\_\_
- ☐ EMT-A – State: \_\_\_\_\_ Expires: \_\_\_\_\_
- ☐ Paramedic – State: \_\_\_\_\_ Expires: \_\_\_\_\_

**Please attach a copy of your training certificate(s)**

Are you a veteran? Yes No

Branch: \_\_\_\_\_ Date & type of discharge:

\_\_\_\_\_

Have you been convicted of a felony or been released from a correctional facility as a result of a felony conviction in the past seven years? Yes No

If yes, explain: \_\_\_\_\_

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# WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish Franklin County Fire Protection District No. 3 with any and all information that you have concerning me, my work record, my reputation, my medical records, and my military service records. I also authorize you to furnish criminal history record information (if any) to said fire district. Information of a confidential or privileged nature may be included. Your reply will be used to assist this fire district in determining my qualifications and fitness for the position I am seeking with Franklin County Fire Protection District No. 3.

I understand my rights under Title 5, United States Code, Section 552A, The Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by Franklin County Fire Protection District No. 3 in conjunction with employment procedures.

I hereby release you, your organization, and others, from any liability or damage which may results from furnishing the information requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Date

Notary Public in and for the State of Washington,

Residing at \_\_\_\_\_

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

# DISCLOSURE REPORT

RCW 43.43.834(2) requires that Franklin County Fire Protection District No. 3, at the time it accepts an application for the position of volunteer or paid firefighter, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disable person or vulnerable adults during the course of employment or where a volunteer may have access to group of five (5) or fewer children under the age, or developmentally disable person or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

Have you been convicted of any crime against children or other persons?

Yes      No

Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?

Yes      No

Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes      No

Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes      No

Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult?

Yes      No

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

ACKNOWLEDGEMENT

OF

INDIVIDUAL

I certify that I have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purpose mention in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Washington, residing in

\_\_\_\_\_  
My appointment expires \_\_\_\_\_