Kittitas Valley Fire & Rescue
Kittitas County Fire District 2

400 East Mt. View
Ellensburg, WA 98926
509/933-7231 • Fax 509/933-7245

Application for Employment- Firefighter

NOTE: If you require any special accommodation in filling out this application, please call (509) 933-7231

PLEASE PRINT CLEARLY OR TYPE **Date of Application**: _____

Position Applied for: ***Please check one***	☐ **Resident**	☐ **FF/PM**	☐ **FF/EMT**
	☐ **Reserve**	☐ **Volunteer**	
Do you have a current EMT certificate?	☐ **Yes**	☐ **No**	☐ **Currently Enrolled**

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Telephone ( ) _____ Cell ( ) _____

Are You 18 Years or Older? ☐ Yes ☐ No

Have you ever been employed by us before? ☐ Yes ☐ No If Yes, give dates: _____
From To

Relatives Employed by the District: _____
(Having a relative employed by the District will not necessarily bar you from employment)

Relationship: _____

Have you been convicted of a felony in the last 10 years? ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

KITTITAS COUNTY FIRE DISTRICT 2 IS AN EQUAL OPPORTUNITY EMPLOYER AND SHALL NOT DISCRIMINATE AGAINST AN EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, OR PHYSICAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU SHOULD NOTIFY THE DISTRICT'S HUMAN RESOURCE MANAGER IMMEDIATELY.

Beginning with your present or most recent employment, list all your work experience for at least the last ten years, including periods of self-employment, volunteer activities, & U.S. military service.

Attach separate sheets if necessary

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer ☐ Yes ☐ No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer ☐ Yes ☐ No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer ☐ Yes ☐ No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

EMPLOYMENT EXPERIENCE

EMPLOYMENT EXPERIENCE CONTINUED…

Employer's Name:	From:	To:
Address:	Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:
Position:		Last Salary:
May We Contact this Employer ☐ Yes ☐ No		
Number of Employees Supervised by You:		
Reason for Leaving:		
Primary Duties:		

Employer's Name:	From:	To:
Address:	Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:
Position:		Last Salary:
May We Contact this Employer ☐ Yes ☐ No		
Number of Employees Supervised by You:		
Reason for Leaving:		
Primary Duties:		

Employer's Name:	From:	To:
Address:	Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:
Position:		Last Salary:
May We Contact this Employer ☐ Yes ☐ No		
Number of Employees Supervised by You:		
Reason for Leaving:		
Primary Duties:		

EDUCATION				
High School:		Address:		
Years Completed:	Did you graduate?	☐YES	☐NO	Degree:
College		Address:		
Years Completed:	Did you graduate?	☐YES	☐NO	Degree:
Technical School		Address:		
Years Completed:	Did you graduate?	☐YES	☐NO	Degree:
Other School/Training		Address:		
Years Completed:	Did you graduate?	☐YES	☐NO	Degree:

CERTIFICATION INFORMATION

List only current certifications- photocopies required at interview

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			

Hazardous Material Level ☐ Responder/WMD ☐ Technician ☐ Other:

Fire Fighter Level ☐ NFPA FFI ☐ NFPA FFII ☐ Other:

Wildland ☐ NWCG FFI ☐ NWCG FFII ☐ Other:

Do you possess a current Driver's License? ☐ YES ☐ NO

CDL? ☐ YES ☐ NO CLASS:

Please Indicate any FOREIGN languages you speak, write, and/or read

	FLUENT	GOOD	FAIR
SPEAK			
WRITE			
READ			

ADDITIONAL INFORMATION

Describe any job-related training received in the United States Military.

EMS/FIRE service related training not listed above.

EMS/FIRE Affiliations not listed above.

Summarize special Job related skills and qualifications acquired from employment or other experience.

Summarize any additional information you feel may be helpful to us in considering your application.

REFERENCES/BUSINESS AND PERSONAL

1. *Name:* *Phone Number:*

   Address: *Relationship-i.e. friend, co-worker:*

2. *Name:* *Phone Number:*

   Address: *Relationship-i.e. friend, co-worker:*

3. *Name:* *Phone Number:*

   Address: *Relationship-i.e. friend, co-worker:*

4. *Name:* *Phone Number:*

   Address: *Relationship-i.e. friend, co-worker:*

ACKNOWLEGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee. I recognize that completion of this application does not meant that I will be accepted as an employee and does not obligate Kittitas Valley Fire and Rescue (KVFR) to accept me as an employee. If accepted for employment, I agree to abide by all rules, regulations and policies established by KVFR and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will (unless otherwise notified), which means either KVFR or I can terminate employment for any reason or no reason. This application is not an agreement or contract for employment. If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the duties of my then current position with KVFR.

I understand that I may be required to undergo drug screening tests as a condition of my employment. To comply with this requirement, I consent to providing a sample of my urine other physical samples (such as blood or hair) after I am offered the position and prior to the start date of my position and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by KVFR as a condition of my employment, and I hereby give my consent to the release of all information which KVFR deems necessary to determine my ability to perform the essential duties of my position now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate termination of my employment with KVFR.

I hereby authorize KVFR to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release KVFR and informants from all liability resulting from such inquiries. I waive all right to see or review the information so furnished. I agree to immediately notify (24 hours) KVFR of any instance in which I am arrested or convicted of any felony or misdemeanor.

I certify that I am not now, not have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my position with KVFR may be terminated. I agree to immediately notify (within 24 hours) KVFR if I learn that I am being excluded from participation in any federal or state healthcare programs.

Applicant's Signature: _____ Date: _____

Printed Name: _____

DRIVING RECORD

To be completed with application

Name: _____
(Please Print) (Last, First, Middle Initial)

Social Security Number _____ Driver's License Number _____

List any notices of infraction or traffic citations which you have received in the past 5 years.
If more space is needed, please attach additional sheets of paper

STATE	MONTH/YEAR	TYPE OF INFRACTION

Driving Standards:
Applicants for positons in which the occupant is expected to operate a motor vehicle must be at least 18 years of and will be required to present a valid Washington State driver's license with any necessary endorsements. Applicants may disqualified under the following circumstances:

Violations More than two moving violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents More than one motor vehicle accident within the preceding three years for which the applicant a traffic or criminal citation and was convicted, forfeited bail, or entered a plea

"guilty" or "nolo contendere."

Infractions or citations will not necessarily remove you from consideration, but KCFD 2 will consider your driving record and insurability when making employment decisions. The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Applicant's Signature: _____ Date: _____