

## **Franklin County Fire Protection District #3**

### **APPLICATION REQUIREMENTS FOR VOLUNTEER 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 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 physical ability test.
- Successful completion of an oral interview.
- Successful completion of a medical examination & respirator clearance.

#### **Application Timetables**

- New Firefighters- Applications are due by October 1<sup>st</sup> – hiring once a year
- Lateral Firefighters- Applications accepted anytime – hiring anytime
- New or Lateral EMT only- Applications accepted anytime – hiring anytime
- Applications turned in before October 1<sup>st</sup> will be held and you will be contacted after October 1<sup>st</sup>

If you are applying to be a Volunteer Fire Fighter and do not have previous experience, FCFD#3 provides a training academy for both wildland and structural firefighting. After the academy each volunteer is encouraged to become involved with the department as much as possible. Besides call for service, we provide blood pressure checks, smoke detector checks and replacements, fire prevention education with local elementary school students and provide assistance and appearance at local community functions.

#### **Minimum requirements for becoming a Volunteer Firefighter include:**

- Complete an accurate application (incomplete applications will not be accepted)
- Must be 18 years of age at appointment and eligible to work in the United States
- Possess a High School Diploma or GED
- Have and maintain an insurable driving record with no more than two traffic violations
- Clear criminal history for crimes against people, drugs, and firearms, etc.
- Must be and maintain physical fitness for duty and be capable of performing any required firefighting, rescue, and emergency medical activities
- Successfully pass a Washington State Patrol background check
- Live within a reasonable response time to district boundaries and/or stations.
- Pass a physical agility test

**Franklin County Fire Protection District No. 3**  
**Application for Volunteering as a Firefighter/EMT & Logistics**

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="radio"/> Firefighter/EMT            | <input type="radio"/> Resident Firefighter/EMT  | <input type="radio"/> EMT Only  |
| <input type="radio"/> Structure Firefighter Only | <input type="radio"/> Wildland Firefighter Only | <input type="radio"/> Logistics |

**Incomplete applications will not be accepted**

**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

- CPR/AED Card – Expires: \_\_\_\_\_
- First Responder – Expires: \_\_\_\_\_
- EMT-B – State: \_\_\_\_\_ Expires: \_\_\_\_\_
- EMT-A – State: \_\_\_\_\_ Expires: \_\_\_\_\_
- Paramedic – State: \_\_\_\_\_ Expires: \_\_\_\_\_

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

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Are you a veteran? Yes No

Branch: \_\_\_\_\_

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

# 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

If Franklin County Fire Protection District No. 3 decides to obtain a criminal background check, RCW 43.43.834(2) requires that Franklin County Fire Protection District No. 3 obtain the following information from an applicant if an employee in the position applied for may have unsupervised access to children under sixteen (16) years of age or developmentally disable person or vulnerable adults during the course of employment To comply with the statutory requirements, please provide the following information under oath:

1. Have you been convicted of any crime?

Yes No

2. Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?

Yes No

3. Have you had both a conviction under 1 above and findings made against you under 2 above?

Yes No

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

\_\_\_\_\_  
Applicant

STATE OF WASHINGTON

ACKNOWLEDGEMENT

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

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 \_\_\_\_\_

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

If you are offered a position as a paid employee with the District, the District may, under RCW 43.43.832 and RCW 43.43.834, submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided above. You will be notified within ten (10) days after a response is received from the Washington State Patrol of the nature of the response and be provided a copy of the response. The District shall use this record only in making the initial employment decision.