

Snohomish County Fire District 5 Application Packet Instructions



This packet must be completed and returned prior to or at the Physical Agility Test.

Firefighter Employment Application:

- ➔ Answer **all** questions, sign and date.

Personal Contact Information:

- ➔ We need your current contact information on file. Include spouse/dependents if applicable.
- ➔ Emergency contact information **is** required.

Confidential Disclosure Report:

- ➔ Answer all questions and Sign and date.

Driving Record Request:

- ➔ Complete information requested, sign and date.
We will pay the fee

WSP Pre-Employment Screening:

- ➔ Complete all spaces, sign and date.
- ➔ We will submit the form.

Identification:

- ➔ Supply copies of both Driver's License and Social Security Card.
- ➔ If you do not have a copy of your Social Security Card you may (1) apply for a replacement card and include your letter from Social Security that you've applied for a replacement, OR (2) Supply a copy of a valid US Passport

Physical Ability Performance Test:

- ➔ This information is for you to keep and use to prepare for the physical agility test.



FIREFIGHTER EMPLOYMENT APPLICATION

Date Application Returned _____

Print legibly; answer all questions completely and accurately. Attach supplemental sheets as needed.

Last Name	First Name	Middle Initial	Mail & Street Address	City	Zip
Home Phone	Work Phone	Cellular Phone	Pager No.	E-mail	
Social Security#	Birthdate	Height	Weight	Blood Type	

1. List all traffic citations for the last three years: _____

2. Do you possess a current valid Washington Driver's license? YES NO

Driver's License No. _____ Expire Date _____

3. Have you ever been accused or convicted of any crimes? YES NO

If Yes, please explain in separate letter.

4. Do you agree to let Snohomish County Fire District #5, at its option, run a background check on you? YES NO

5. Do you reside in Snohomish County Fire District #5? YES NO How Long?__

6. List three professional references, not related to you

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

7. Were you previously employed by this department?_____ If yes, when were you employed?_____

8. Do you have any relative(s) currently employed by this department?_____ Name/Relationship_____

9. Will Visa or Immigration status prevent lawful employment? YES NO

10. Do you have any handicaps, hearing loss, allergies or health conditions that may affect your ability to perform the job applied for, or which you would like the department to consider in determining your job placement?. YES NO

If yes, explain_-----

Education History

School Name	City/State	Dates	Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No

High School				

College				

EMS/FIRE Training				

Employment History

Starting with present or most recent, list current and last 2 previous employers. Include self-employment and summer or part time jobs. If more space is required, please continue a separate sheet.

Last or present employer				From	To	Phone Number
Address		City	State	Zip Code		
Job Title	Brief description of job duties					
Supervisor's name and title		Phone Number	May we contact this employer? Yes/ No			
Reason for leaving						
Employer				From	To	Phone Number
Address		City	State	Zip Code		
Job Title	Brief description of job duties					
Supervisor's name and title		Phone Number	May we contact this employer? Yes/ No			
Reason for leaving						
Employer				From	To	Phone Number
Address		City	State	Zip Code		
Job Title	Brief description of job duties					
Supervisor's name and title		Phone Number	May we contact this employer? Yes / No			
Reason for Leaving						

Military History

Branch of Service _____	From _____	To _____
Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Active Reserves
Honorable Discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Inactive Reserves

I HEREBY CERTIFY THAT THE ANSWERS AND OTHER INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION IS CAUSE FOR CANCELLATION AND/OR DISMISSAL FROM THE FIRE DISTRICT. I UNDERSTAND THAT MY EMPLOYMENT MAY BE CONTINGENT UPON RECEIPT OF AN ALIEN REGISTRATION NUMBER, VERIFICATION OF BIRTH, AND ANY OTHER PERTINENT INFORMATION BEARING UPON MY EMPLOYMENT AND MY CONTINUED EMPLOYMENT DEPENDS UPON THE WILL OF THE DEPARTMENT OR MYSELF.

Applicant Signature **Date**

An Equal Opportunity Employer
 Snohomish County Fire District #5 is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will be not used for any discriminatory purpose.



Personal Contact Information

Name:

Mailing Address:

Street Address:

Phone:

Cell phone:

E-mail:

Spouse:

Cell Phone:

Work Phone:

Other Number:

Children/Dependents:

Name:

Sex:

Age:

Name:

Sex:

Age:

Name:

Sex:

Age:

Name:

Sex:

Age:

Emergency Contact #1:

Name:

Phone:

Cell Phone:

Work Phone:

Emergency Contact #2:

Name:

Phone:

Cell Phone:

Work Phone:

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name Snohomish County Fire Protection District 5	
Agent company name (if applicable)	
Company/Agent company address PO Box 149 Sultan, WA 98294	
Authorized representative name Lynene Young	Title Assistant Secretary
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____ Date and place signed	X _____ Authorized representative signature

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<input checked="" type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment		
<input checked="" type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input checked="" type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Snohomish County Fire Protection District 5		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
X _____ Signature		_____ Date

WSP Washington State Patrol

Pre-Employment Screening - Search Request Form

Date: _____

Contact Name: Cathy Barth/District Secretary Phone Number: **(360) 793-1179**

Company: **Snohomish County Fire Dept. #5** Fax Number: **(360) 799-0563**

Please check the services you are requesting.

Criminal Record Search

Applicant Name			
_____	_____	_____	_____
_____	_____	_____	_____
Date of Birth _____ Social Security #: _____ Driver's License #: _____			
(For Identification Purposes Only)			
Current Address			
_____	_____	_____	_____
_____	_____	_____	_____
Previous Address			
_____	_____	_____	_____
_____	_____	_____	_____
Previous Address			
_____	_____	_____	_____
_____	_____	_____	_____

Applicant must sign below to authorize a consumer report.

Pursuant to State and Federal Credit Reporting Acts, this is to inform you that a background investigation involving the statements made on your application for employment and/or attachments as well as your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and on and at any time during your employment. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope, as well as a written summary of your rights and remedies under the law.

I certify that to the best of my knowledge all statements made on my application and/or attachments are true and correct. I hereby authorize WSP to obtain all reports, records, verifications or other information necessary to complete the background investigation to furnish the information to the prospective employer. I understand that providing fraudulent or misleading information may be grounds for denial of employment or discharge.

Applicant Signature: _____ **Date:** _____

CONFIDENTIAL DISCLOSURE REPORT



RCW 43.43.834(2) requires that the Fire Protection District, at the time it accepts an application for the position of volunteer or paid fire fighter, 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 disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

1. Have you been convicted of any crimes against children or other persons?
Yes _____ No _____
2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?
Yes _____ No _____
3. 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 _____
4. Have you been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
Yes _____ No _____
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
Yes _____ No _____
6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?
Yes _____ No _____

A crime against children or other persons is defined by the statute as:

"... a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first, second, or third degree robbery; first, degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor, unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; childburying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future."

A crime relating to financial exploitation is defined by statute as:

"... conviction for first, second, or third-degree extortion; first, second, or third-degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future."

If you are offered a position as a paid employee or volunteer with the District, the District may under RCW 43.43.832 and .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 State Patrol of the nature of the response and be provided a copy of the response at your request. The District will use this information and record only to make the initial employment decision and for no other purposes.

Dated: _____.

Applicant's Signature



PROOF OF IDENTITY

Please provide copies of your

Driver's License

and

Social Security Card**

** A valid US issued passport is acceptable in place of your Social Security Card.

Snohomish County Fire District #5

Physical Ability Performance



All recruits must pass the following requirements or supply a valid CPAT certification

Equipment Carry - 65 Seconds Maximum Time

The applicant will be required to run a total distance of 194 yards.

The run will be conducted on an asphalt surface. The applicant will be required to start by picking up a fire extinguisher weighing approximately 31 pounds, run 116 feet and place it in a box. The applicant will then return empty handed to the starting line and pick up an air bottle weighting approximately 20 pounds, run 116 feet, and place it in the box. The applicant will then return empty handed to the starting line, pick up a first aid kit, carry it 116 feet, place it next to the box, and return to the starting line. Time will start when the applicant touches the fire extinguisher and will stop when the applicant crosses the finish line.

Reason: *Firefighters are often required to carry various pieces of equipment at emergency scenes. The fire extinguisher, air bottle, and first aid kit are actual items, which are frequently used on the fire scene.*

Ladder Climb - Pass/Fail

The applicant must climb to the top of a 20-foot extension ladder, move onto the roof, and then go back down the ladder.

Reason: *Firefighters are required to perform at high levels above the ground. This test is designed to determine the absence of acrophobia.*

Charged Hose Drag - Pass/Fail

A 100 foot section of 2 1/2" hose charged at 100 PSI with nozzle attached is laid from the discharge port of an engine. The applicant must reposition the line to the opposite end of the engine. The time will start when the applicant touches the hose nozzle within the marked area and will end when the 50' coupling passes the discharge port to which it is attached.

Reason: *Firefighters are required to lay and reposition hose lines to attack fires. This activity is designed to test general ability to perform a task, which is repeated many times at a fire.*

Pull-ups & Chin-ups - Pass/Fail

Applicant will be required to successfully complete three pull-ups or five chin-ups. Arms must be fully extended to begin and chin must clear the bar to complete one repetition.

Reason: *Firefighters and First Responders are frequently required to use upper body strength.*

Patient Lift - Pass/Fail

After receiving instruction in appropriate lifting techniques, the applicant will be required to lift from the rear, a simulated patient in a supine position weighing approximately 200 pounds and carry them 20 feet. Applicant will not be allowed to stop or put the patient down.

Reason: *EMS Responders are frequently required to lift and move patients from supine positions.*

Claustrophobia - Pass/Fail

To determine if the applicant has the mental aptitude to go into dark, smokey areas if the situation dictates, the applicant will be outfitted in a breathing apparatus that has the face mask blacked out, a firefighting coat, and gloves. The applicant will then be placed in a small room for a period of five minutes.

Reason: *Firefighters are frequently required to wear breathing apparatus in small, dark, smoke filled areas to fight fires and perform rescue work.*

You will be required to sign a Liability Waiver prior to participating in this test.