



Dear Volunteer Emergency Responder Candidate,

Thank you for your interest in joining Fire District 45 as a Volunteer Emergency Responder. This application represents the first of a number of steps in the selection process. The intent of the selection process is twofold; we want to bring in people who have the capability and demeanor to perform the critical functions of the job safely and effectively and will be a good fit with the organization and its mission. The second goal is to help you to have the best possible understanding of what you are getting into.

Being a Volunteer Emergency Responder requires a significant commitment of time. The initial training as an Emergency Medical Technician is over 120 hours, general response training adds another 50-60 hours, and fire training is 100 plus hours. In order to gain experience and maintain skills, we require you to do an average of four 12-hour shifts per month once you are assigned to a shift. In addition, there are continuing education requirements and many optional training opportunities.

Emergency response work can also be physically and emotionally demanding. Being reasonably healthy and fit is important to being able to safely carry out required tasks. Maintaining composure and effectiveness under stressful situations is also an important requirement of the job. The ability to work with people, both your colleagues and your customers, under difficult circumstances is vital. Having good communication skills, the ability to gain knowledge and learn manipulative skills, and being able to work well within a team setting are all critical to your success.

With all that said, you may be wondering why anyone would want to volunteer for this job. There are many answers to this question. Some do it because they are interested in the fire service as a career. You may be looking for a way to give back to your community. Others are looking for some balance in their life and the physical and emotional challenge of the fire service fits the need. Learning new skills and developing oneself may be the draw for some. Whatever your reason or combination of reasons, being a Volunteer Emergency Responder provides opportunities and rewards you will not find anywhere else.

If this seems like a good path for you, complete and return this application. The remainder of the selection process will include a number of steps including a written general knowledge test, a physical capability test, background checks, an eight hour day with a the duty crew as an observer, a CPR class, an oral interview, a psychological evaluation, and a medical evaluation. In most of these events, you will be evaluated and scored. Based on these scores, we will select those best qualified for the limited number of openings we have. While our hiring emphasis will be for those that want to progress to volunteer firefighter, we are also looking to fill volunteer EMT positions.

So, good luck! Ask lots of questions. I look forward to meeting you and ultimately inviting you to be a part of the Fire District 45 family.

David Burke, Fire Chief

Duvall-King County Fire District 45
PO Box 338, Duvall, WA 98019
Phone: 425-788-1625, Fax: 425-788-0199

APPLICATION FOR EMPLOYMENT / AFFILIATION

Please return to: Duvall-King County Fire District 45 15600 First Avenue NE PO Box 338 Duvall, WA 98019 Fax: 425-788-0199 Questions? Please call 425-788-1625		Date Received _____ Official Use Only
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KING COUNTY FIRE DISTRICT 45 IS AN EQUAL OPPORTUNITY EMPLOYER.
 QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR,
 NATIONAL ORIGIN, SEX, RELIGION, AGE, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, OR DISABILITY.

PLEASE COMPLETE THIS APPLICATION BY HAND WITH BLACK OR BLUE INK.

POSITION APPLIED FOR: (Choose one)	<input type="checkbox"/> VOLUNTEER EMT <input type="checkbox"/> HAM RADIO OPERATOR <input type="checkbox"/> SUPPORT VOLUNTEER <input type="checkbox"/> OTHER _____	TODAY'S DATE: _____ DATE AVAILABLE: _____	
LAST NAME	FIRST NAME	MI	OTHER NAME(S)
STREET ADDRESS _____		CITY/STATE/ZIP _____	
HOME TELEPHONE: _____		MESSAGE TELEPHONE: _____	
EMAIL ADDRESS: _____		CELL PHONE: _____	
VALID WA STATE DRIVER'S LICENSE? ___ Yes ___ No		If other State, which? _____	
SPECIAL ENDORSEMENTS/LICENSES: _____			
TRAFFIC VIOLATIONS: Have you ever been convicted, pleaded no contention or paid a fine for any traffic violations in the past five (5) years? ___ Yes ___ No If yes, please explain: _____ Use additional sheets if necessary			
CURRENT EMERGENCY MEDICAL TECHNICIAN? ___ Yes ___ No If yes, which State/County? _____			
VALID AMATEUR RADIO LICENSE? ___ Yes ___ No If yes, Call Sign: _____			
Applicants must be at least 18 years of age at time of application. Are you at least 18 years of age? ___ Yes ___ No			
If you need any form of accommodation to participate in the application or testing process, please provide reasonable notice to Human Resources at (425)788-1625			

TRAINING AND EDUCATION

Circle highest grade completed in school: 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4																									
Have you completed EMT training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when & where? _____																									
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">SCHOOLS / OTHER TRAINING</th> <th style="width:20%;">Location</th> <th style="width:20%;">Subject/Major</th> <th style="width:20%;">Degree/Certificate</th> <th style="width:10%;">Date Completed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	SCHOOLS / OTHER TRAINING	Location	Subject/Major	Degree/Certificate	Date Completed																				
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Please attach copies of any training/certifications (including CPR/First Aid/ICS/NIMS/Fire Academy) you have achieved.																									

WORK HISTORY: PLEASE COMPLETE THIS SECTION. You may attach a resume, but sections must be complete for your application to be considered. Begin with your present or most recent employment, and include periods of self-employment and U.S. military service. Attach extra pages if necessary in order to list your work experience for the last 10 years.

EMPLOYER'S NAME		POSITION
CITY AND STATE	STARTING SALARY	LAST SALARY
FROM (MO/YR):	TO (MO/YR):	HOURS WORKED PER WEEK
SUPERVISOR		SUPERVISOR'S PHONE NUMBER
May we contact this supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of employees supervised by you:
PRIMARY DUTIES:		
REASON FOR LEAVING:		

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PRIMARY DUTIES:		
REASON FOR LEAVING:		

REFERENCES (Please include two professional and two personal references.)		
NAME	RELATIONSHIP TO YOU	PHONE

THE FOLLOWING MUST BE COMPLETED

Have you been convicted of a felony or a misdemeanor other than minor traffic offenses, or been released from prison within the last 10 years?

___ Yes ___ No

If answer is "yes," please give the nature of the crime, dates of conviction, and the court in which you were convicted.

Conviction of a crime will not disqualify you from employment unless it would reasonably affect your fitness for the job for which you have applied.

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. _____(Initial Here)

I authorize the District to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application under the provisions found in RCW 4.24.730. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the District from any liability for future references it may provide regarding my work history with the District. _____(Initial Here)

In the event of employment, I will be required to abide by all King County Fire District 45 policies, rules & regulations. I understand that this application is not intended to be a contract for employment and that King County Fire District 45 reserves the right to make changes in conditions and benefits of employment. I further agree that if the District advances any paid leave before it has been accrued, or advances any money during the course of my employment, or if I lose, damage, or fail to return any District property, the District is authorized to deduct from my wages sufficient funds to repay such advances or to replace its property. _____(Initial Here)

I certify that I am not engaged in any outside activity or business that could be considered in conflict with the District's interest, nor will I become engaged in such activity or business if employed. _____(Initial Here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with King County Fire District 45. _____(Initial Here)

I consent to drug testing as may be requested by King County Fire District 45 representatives. _____(Initial Here)

I certify that I reside within King County Fire District 45(*volunteers only*). _____(Initial Here)

SIGNATURE OF APPLICANT (REQUIRED)

DATE



AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I, the undersigned applicant for employment with King County Fire District 45, authorize the District to solicit information regarding my previous employment, background information and to contact references I have provided on my application in consideration of the review of my employment application. I hereby release and authorize any prior employer of mine to release to King County Fire District 45 any and all records of my prior employment retained by my former employers.

I agree to waive any claim or cause of action relating to such release of prior employment records and promise to defend and hold harmless King County Fire District 45, its officers and employees from any claim or loss arising from such release.

It is my written intention that any copy of this authorization be as effective as the original.

Signature

Date



AUTHORIZATION TO RELEASE EMAIL FOR TRAINING

I, _____, grant King County Fire District 45 permission to submit my email address to SafeGard Services, the third party administrator which supplies online CPR training for the volunteer applicants.

SafeGard will grant you access to the online course via your email.

Signature

Date