

**Selah Fire Department
Yakima County Fire District # 2**



**Volunteer / Paid on-call
Application Packet**

2022



Chief James Lange

Selah Fire Department Yakima County Fire District # 2

206 West Fremont Avenue - Selah, Washington 98942
Business Phone (509) 698-7310 • Fax (509) 698-7317

Volunteer / Paid on-call Firefighter

Thank you for expressing an interest in the Selah Fire Department/Yakima County Fire District # 2. You are applying to become a member of this Fire Department but also a member of the Volunteer Fire Service Community across the nation. This community of volunteers is comprised of 1.5 million men and women in over 35,000 Fire Departments across the United States.

Selah Fire Department / YCFD # 2 has been providing service since 1940. We provide fire protection, emergency medical treatment, and rescue services for our approx. 20,500 citizens within the City of Selah and Yakima County Fire Protection District 2 which covers approximately 69 square miles. Our membership consists of approximately 50 volunteer members and a career staff of 8. Our membership has a long proud heritage that will be passed on to you when you become a member of this Fire Department.

Please fill out the attached application forms and return them to us as a complete package. Once we receive your packet you will be contacted by mail and/or email to attend a mandatory orientation meeting.

Thank you,

Scott Willis
Lieutenant / Training Officer
Selah Fire Department



Chief James Lange

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VOLUNTEER / PAID ON-CALL FIREFIGHTER

DEFINITION

Protects life and property by performing fire suppression, emergency aid, hazardous materials mitigation, fire prevention duties, and equipment, apparatus, and facility maintenance.

SUPERVISION RECEIVED AND EXERCISED

Works under the general supervision of the Fire Chief.

May assist to coordinate, instruct, or supervise the work of volunteer members, new recruits, or other department personnel, as assigned.

ESSENTIAL JOB FUNCTIONS

Essential functions and duties include, but are not limited to, the following:

1. Performs firefighting activities including driving fire apparatus, operating pumps and related equipment, laying hose, and performing fire combat, containment and extinguishment tasks, which includes structural, wildland, and other fire suppression and EMS (as described in the Selah Fire Department Personnel Policy Manual, Firefighter Work Description).
2. Performs emergency aid activities including administering first aid and providing other assistance as required.
3. Participates in fire drills, attends classes in firefighting, emergency medical, hazardous materials, and related subjects.
4. Receives and relays fire calls and alarms. Operates radio and other communication equipment.
5. Participates in the inspection of buildings, hydrants, and other structures in fire prevention programs.
6. Performs general maintenance work in the upkeep of fire facilities, apparatus, and equipment; cleans and washes walls and floors; vacuums rugs and carpets, cleans and sanitizes restrooms and showers, cares for grounds around stations; makes minor repairs; washes, hangs and dries hose; washes, cleans, polishes, maintains and tests apparatus and equipment and other maintenance duties as directed by the Chief or his/her designee.



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7. Assists in developing plans for special assignments such as emergency preparedness, communications, training programs, firefighting, hazardous materials, pre-fire plans and emergency aid activities.
8. Presents programs to the community on safety, medical, and fire prevention topics.
9. Performs salvage operations such as throwing salvage covers, sweeping water, and removing debris.
10. Performs all other duties as assigned.

The above list of essential functions, duties and responsibilities is not all inclusive. Omission of specific statements of functions, duties, or responsibilities does not exclude them from the position if the work is similar, related to, or a logical assignment to the position.

ABILITY TO:

Ability to learn the operation of fire suppression and other emergency equipment; ability to learn to apply standard firefighting, emergency aid, hazardous materials, and fire prevention techniques; ability to perform strenuous or peak physical effort during emergency, training or station maintenance activities for prolonged periods of time under conditions of extreme heights, intense heat, cold or smoke; ability to act effectively in emergency and stressful situations; ability to follow verbal and written instructions; Ability to communicate effectively orally and in writing; ability to establish effective working relationships with employees, other agencies, and the general public; ability to meet the special requirements listed below.

SPECIAL REQUIREMENTS:

1. No felony convictions or disqualifying criminal history.
2. Must be a U.S. citizen.
3. Must be able to read and write the English language.
4. Ability to meet Departmental physical standards.

TOOLS AND EQUIPMENT USED:

Emergency medical aid unit, fire apparatus, fire pumps, hoses, and other standard firefighting equipment, ladders, first aid equipment, radio, pager, personal computer, phone, general office equipment and station cleaning and maintenance tools.

MINIMUM REQUIREMENTS

Must maintain (50%) drill attendance and call response requirements.



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EDUCATION, EXPERIENCE AND TRAINING GUIDELINES

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Age

Must be 18 years of age or older at time of hire.

Education:

Must have graduated from high school with a diploma or possess a valid GED at time of hire.

Experience:

None

Training, licensing, or certifications:

Must possess a valid WA State driver's license without record of suspension or revocation in any State.

Must currently possess or receive the following certification during probationary year: Washington State E.V.I.P. and IFSAC Firefighter I or equivalent.

I (print your name) _____ have read and understand the definition and job requirements of the Firefighter - Firefighter/EMT position with Selah Fire Department/Yakima County Fire District # 2.

Signature: _____ Date: _____

Please Return to:
206 W. Fremont Ave.
Selah, WA 98942
(509) 698-7310
Fax: (509) 698-7317

Selah Fire Department Volunteer/Paid-on-Call Member Application



THE CITY OF SELAH ADHERES TO EQUAL OPPORTUNITY PRINCIPLES. APPLICANTS FOR VOLUNTEER POSITIONS ARE EVALUATED BASED ON LEGAL METRICS AND ACTUAL QUALIFICATIONS, AND NOT BASED ON RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY, RELIGION, CREED, AGE LESSER THAN 40, MARITAL STATUS, FAMILY STATUS, RELATIONSHIP STATUS, VETERAN STATUS, ACTUAL OR PERCEIVED DISABILITY, AND/OR NECESSITY OF REASONABLE ACCOMMODATION(S). APPLICANTS OF COLOR AND/OR HISTORICALLY UNDERREPRESENTED MINORITIES ARE ENCOURAGED TO APPLY. THIS IS NOT A JOB APPLICATION AND THIS POSITION IS NOT AN EMPLOYMENT POSITION.

Position Being Applied For (check one): <input type="checkbox"/> Firefighter <input type="checkbox"/> Support Services		Today's Date:
Full Legal Name:		Home/Mobile Phone Number(s):
Home Street/Mailing Address:		City, State, & Zip Code:
E-Mail Address(es):		
Date of Birth:	Do You Possess or Can You Obtain a Valid WA Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Any Special WA Driver's License(s)/Endorsement(s), such as a CDL:
Are You a Military/Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat – List the Language(s): <input type="checkbox"/> No	Have You Previously Worked for a Fire Dept.? <input type="checkbox"/> Yes – List Location(s) and Length(s) of Service: <input type="checkbox"/> No
Education/Training/Professional History:		
Do You Possess a High School Diploma/Certificate: Education/Degree(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		List Any Post-High School
List Any Training, License(s), Professional Certification(s), Etc. You Possess, such as EMT, CPR or first aid:		

Office, Computer and/or Personal Skills:
List Any Skills You Possess with Regard to Computer/Software Literacy, Typing, Etc.:

Other Relevant Information/Qualification(s), But Do Not List Whether You Have Any Disability and/or May Need Any Accommodation (Because Those Topics Can Only Be Potentially Addressed at a Later Stage of the Process):

Work/Military History for Prior 10 Years:

You may attach a resume or CV, but you still must complete these sections. Begin with your present or most recent employment, and include periods of self-employment and U.S. military experience. Attach extra pages if necessary in order to list your work experience for the last 10 years.

Employer/Agency Volunteered For:	End Date (if any):	Start Date:	Typical Number of Hours Worked Per Week:
Location(s) You Worked At:	Position You Held:	Typical Duties/Tasks Performed:	
Reason for End of Employment/Volunteer Position (if no longer ongoing):		Number of Subordinates You Supervised, if Any:	
Name of Your Supervisor(s):		Your Supervisor(s)' Telephone Number(s) & E-Mail Address(es):	
May We Contact Your Supervisor(s) for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State the Reason(s) Why:	
Any Reason(s) You Believe this Prior Employment/Volunteer Position Make You a Good Candidate for this Selah Position:			

Employer/Agency Volunteered For:	End Date (if any):	Start Date:	Typical Number of Hours Worked Per Week:
Location(s) You Worked At:	Position You Held:	Typical Duties/Tasks Performed:	
Reason for End of Employment/Volunteer Position (if no longer ongoing):		Number of Subordinates You Supervised, if Any:	
Name of Your Supervisor(s):		Your Supervisor(s)' Telephone Number(s) & E-Mail Address(es):	
May We Contact Your Supervisor(s) for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State the Reason(s) Why:	

Any Reason(s) You Believe this Prior Employment/Volunteer Position Make You a Good Candidate for this Selah Position:

Employer:	End Date (if any):	Start Date:	Typical Number of Hours Worked Per Week:
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Location(s) You Worked At:	Position You Held:	Typical Duties/Tasks Performed:
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Reason for End of Employment/Volunteer Position (if no longer ongoing):	Number of Subordinates You Supervised, if Any:
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Name of Your Supervisor(s):	Your Supervisor(s)' Telephone Number(s) & E-Mail Address(es):
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May We Contact Your Supervisor(s) for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Please State the Reason(s) Why:
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Any Reason(s) You Believe this Prior Employment/Volunteer Position Make You a Good Candidate for this Selah Position:

Professional and/or Personal References:

Please list people who you authorize us to contact as references for you on a professional and/or personal basis.

Name:	Telephone Number(s) & E-Mail Address(es):
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Name:	Telephone Number(s) & E-Mail Address(es):
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Name:	Telephone Number(s) & E-Mail Address(es):
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Please initial the box below for all Affirmations and Acknowledgments by You:

Initials

I Affirm that all information provided on this Volunteer Application is accurate:

I Acknowledge that it will be grounds for immediate termination on a with cause basis if any information provided on this volunteer application proves to be inaccurate:

I Affirm that I have read the work description for this position:

I Affirm that I am able perform the essential functions of the position:	
I Acknowledge that I am not guaranteed to be interviewed:	
I Acknowledge that even if I am interviewed that I am not guaranteed to be selected for this position or any other position:	
I Acknowledge that an express and continuing condition of the position will be that I must be legally eligible to hold this position under United States law:	
I Acknowledge that if I am selected for this position the city will conduct a criminal history background check on me with regard to any felony convictions during the preceding ten years and/or any misdemeanor convictions during the preceding ten years that involve moral turpitude (e.g., theft, passing a bad check, forgery, perjury, etc.): ¹	
I Acknowledge that I will be required to abide by all Federal and State laws and regulations, and also all City laws, policies, rules and regulations during this position:	
I Acknowledge that an express condition of this position will be that I must pass all necessary training courses in Washington State Emergency Vehicle Incident Prevention (EVIP), basic first aid, CPR, and IFSAC Firefighter 1 equivalency training.	
I acknowledge that I am required to have personal vehicle insurance, that my auto insurance policy is valid, up to date, and that I will be able to provide proof of insurance if/when requested?	

Applicant Signature

Date Signed

¹ Prior criminal history is not necessarily a disqualifying factor for this position. The City complies with Washington's Fair Chance Act, RCW Chapter 49.94. Any arrest(s) that do not result in conviction will not be considered.

Supplemental Questionnaire

Volunteer/Paid on call application

1. I meet the minimum requirement of 18 years old at the time of application as per WAC 296-125-030, and WAC 296-62-08001.

☐ Yes ☐ No

2. Are you currently a combat Firefighter with a Fire Department in Yakima County?

☐ Yes ☐ No

3. I have a valid Washington State driver's license, without record of suspension or revocation and personal automobile insurance. I can provide copies of both documents along with a driving abstract prior to hire.

☐ Yes ☐ No

4. I understand that for my application to be considered I must thoroughly complete the work experience and education portions of the application.

☐ Yes ☐ No

5. Please Describe any particular skills, experience, or training which you believe best qualifies you for this position.

6. I hereby certify that all statements made in this application, including the supplemental questions are true, complete, and correct to the best of my knowledge. I understand that any false statements shall be considered sufficient cause for employment disqualification or discharge.

☐ Yes ☐ No

Signature _____ Date _____