Selah Fire Department
Yakima County Fire District # 2

Volunteer Application Packet

2018

Chief Gary Hanna

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 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 22,000 citizens within the City of Selah and Yakima County Fire Protection District 2 which covers approximately 69 square miles. Our membership consists of approximately 45 volunteer firefighters and a career staff of 6. 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 we will contact you to set up a mandatory orientation meeting.

Thank you,

Jim Lange
Deputy Chief
Selah Fire Department

Selah Fire Department/Yakima County Fire District #2

Volunteer Firefighter/Support Services Member

DIRECTIONS: Read the entire packet

Application packet will be rejected if it is not complete.

Make sure it is legible.

Along with completing the application, you MUST submit the following documents.

A. Copy of your driver's license.

B. Copy of your Social Security Card.

C. Certified copy of your driving record for the past 5 years.

D. Proof of automobile liability insurance.

E. Copies of any fire service related experience and your current first aid/CPR card if applicable.

When the application packet is complete. Return it to Selah Fire Station 21 located at 206 W. Fremont Ave. Selah, WA. 98942.

You will be notified by letter of a date and time to attend a **mandatory** orientation meeting.

For students under 18 years of age, a parent **must** attend the orientation meeting.

Please return to:
206 W. FREMONT AVE.
SELAH, WA 98942
(509)698-7310
FAX (509)698-7317

SELAH FIRE DEPARTMENT

VOLUNTEER MEMBER

This application has been approved by the State of Washington Human Rights Commission

THE CITY OF SELAH IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION OR THE PRESENCE OF DISABILITY.

Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States within three (3) days of hire.

CIRCLE POSITION APPLIED FOR: **FIRE FIGHTER** OR **SUPPORT SERVICES** TODAY'S DATE_____

LAST NAME:_____ FIRST NAME:_____ SOC.SEC.#:_____

STREET ADDRESS:_____ CITY, STATE, ZIP:_____

MAILING ADDRESS IF DIFFERENT: _____

EMAIL:_____

TELEPHONE:_____ Number where message may be left from 8:00 am to 5:00 pm

VALID WA STATE DRIVER'S LICENSE? [ ] YES [ ] NO IF OTHER STATE, WHICH?____

Are you under 18 years old? [ ] YES [ ] NO

(A valid driver's license is required only where stated on the Job Announcement)

DRIVER'S LICENSE NUMBER:

SPECIAL ENDORSEMENTS/LICENSES:

TRAFFIC VIOLATIONS *(If position for which you have applied involves driving)*

Have you ever been convicted, pleaded no contention or paid a fine for any traffic violations in the past three (3) years?

[ ] YES [ ] NO IF YES, please explain:_____

I have received and read the Job Announcement for this position and can perform the essential job functions

[ ]YES [ ] NO

If you need any form of accommodation to participate in the application or testing process, or to successfully fulfill requirements of the job for which you are applying, please provide reasonable notice to Selah Fire Department, 206 W. Fremont Ave., Selah. WA

TRAINING AND EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:_____ 8 9 10 11 12 GED

COLLEGES/OTHER TRAINING:_____

_____

EQUIPMENT, OFFICE AND COMPUTER SKILLS

Describe skills to include computer, office, and heavy equipment operation, as they apply to job. Include programs used, typing speed, type of equipment, hours of operation, and other information relevant to the job for which you are applying.

_____

_____

_____

- - FOR OFFICE USE ONLY- -

Please complete the information below. This information is voluntary, will be removed from application before selection process begins, and will be kept confidential other than when making a hiring decision (RCW 9.66.A.020).

AFFIRMATIVE ACTION DATA

In accordance with Federal and State Equal Employment Opportunity laws, it is the policy of the City of Selah to provide equal opportunity in all terms, conditions. and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of disability. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

SEX: Female [ ] Male [ ] AGE: 40 years of age or older? [ ] Yes [ ] No ARE YOU A VETERAN OF U.S. MILITARY SERVICE? [ ] Yes [ ] No

ARE YOU DISABLED? [ ] Yes [ ] No If yes, please explain _____

ETHNIC CATEGORY (check one): [ ] White [ ] Black [ ] Hispanic [ ] Native American [ ] Asian/Pacific Islander [ ] Other _____

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 experience. Attach extra pages if necessary in order to list your work experience for the last 10 years.

EMPLOYER'S NAME POSITION

CITY & STATE STARTING SALARY LAST SALARY

FROM TO HOURS WORKED PER WEEK

SUPERVISOR SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? [ ] YES [ ] NO NUMBER OF EMPLOYEES SUPERVISED BY YOU:

PRIMARY DUTIES:

REASON FOR LEAVING:

EMPLOYER'S NAME POSITION

CITY & STATE STARTING SALARY LAST SALARY

FROM TO HOURS WORKED PER WEEK

SUPERVISOR SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? [ ] YES [ ] NO NUMBER OF EMPLOYEES SUPERVISED BY YOU:

PRIMARY DUTIES:

REASON FOR LEAVING:

EMPLOYER'S NAME POSITION

CITY & STATE STARTING SALARY LAST SALARY

FROM TO HOURS WORKED PER WEEK

SUPERVISOR SUPERVISOR'S TELEPHONE NUMBER

MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? [ ] YES [ ] NO NUMBER OF EMPLOYEES SUPERVISED BY YOU:

PRIMARY DUTIES:

REASON FOR LEAVING:

REFERENCES

Please list below any people in addition to supervisors listed above who can evaluate your work performance

NAME	WORK RELATIONSHIP TO YOU	TELEPHONE NUMBER

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the 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. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish the City of Selah my record, reason for leaving and all information they may have concerning my employment. I hereby release any such current or former employers or institutions, their agents or employees and the City of Selah from all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application. In the event of employment, I understand that I will be required to abide by all City policies, rules. and regulations. I understand that this application is not intended to be a contract for employment, and that the City of Selah reserves the right to make changes in conditions and benefits of employment.

SIGNATURE OF APPLICANT _____ DATE _____

THE FOLLOWING MUST BE COMPLETED

Have you ever 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 the answer is "yes", please give the nature of the crime, dates of convictions, 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.

How/where did you hear about the position you are applying for? (please check one.)

[ ] Friend or Relative
[ ] Employment Security
[ ] City Job Bulletin — Which?
[ ] Newspaper Ad
[ ] City Employee
[ ] Other Means (specify)

What attracts you to this City?

Chief Gary Hanna

Selah Fire Department
Yakima County Fire District # 2

206 West Fremont Avenue - Selah, Washington 98942
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Selah Fire Department
Waiver of Liability

In consideration for my participation in a physical agility exercise with the Selah Fire Department, 206 West Fremont Avenue, Selah, Washington and or the use of said facility or other designated facilities or locations for this physical agility exercise. I hereby release, waive, and discharge the City of Selah, its Fire Department, elected officials, agents, officers, volunteers, employees, and representatives ("releases") from any and all liability to myself, my legal representatives, heirs, assigns, and next of kin for my loss, injury, or damage and any claim, demand, and/or action arising out of or connected in any way with my participation in this physical agility exercise and/or use of said facility, whether caused by the negligence of releases or otherwise.

I hereby assume full responsibility for the risk of bodily injury, death, and property damage due to negligence or otherwise while participating in a physical agility exercise with the Selah Fire Department 206 West Fremont Avenue, Selah, Washington and or the use of said facilities or designated locations.

I expressly agree that this release is intended to be as broad as is permitted by the law of the State of Washington and that if any portion is held invalid, the remainder shall continue in legal force and effect.

I have carefully read the above release and sign below as my own free act.

Signed in Selah, Washington,

Dated _____, 20 _____

_____ _____
Participant's Signature Print Name

_____ _____
Parent/Guardian Signature Print Name
(If participant is under the age of 18)

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Yakima County Fire District # 2

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CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant with the Selah Fire Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Department to gather all available information regarding my employment background and personal history and other information which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Selah Fire Department any and all information that you have concerning me, including without limitation my work record, my background and reputation, my criminal history, including any arrest records and any information contained in investigatory files, my medical records, my psychological testing and analysis plus recommendation, my military service records, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Selah Fire Department. I further specifically consent to the Washington Department of Revenue's release (1) any tax returns, as defined by RCW, filed by, on behalf of, or with respect to me, and (2) any tax information, as defined by RCW, that pertains to me. I request your cooperation in supplying this information to the Selah Fire Department in response to a request from that Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Selah, its employees and the Selah Fire Department from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Selah Fire Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Selah Fire Department.

_____
Applicant's Signature

_____
Applicant's Printed Name and Date

Subscribed and sworn to before me on the _____ day of _____, 20_____.

_____
Notary Public in and for the State of Washington,

residing at _____

My Commission expires _____

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.