



# *Stevens County Fire Protection District No. 1*

*4532 Railroad Avenue P.O. Box 246 Clayton, WA 99110  
Office: (509)262-9660 Fax: (509)262-9661*

Prospective Firefighters:

The Commissioners of Stevens County Fire Protection District No. 1 appreciate your interest in becoming a firefighter. Your willingness to accept the responsibility to help protect your community in times of emergency is commendable.

Our District covers approximately 375 square miles in the southern end of Stevens County. The District has eight stations and approximately 45 firefighters.

The District's application process includes providing two letters of reference. Also, after the initial application is completed, a criminal background check, driving record abstract, physical examination, physical agility test and an interview with the Fire Chief will need to be completed.

The physical exam form will be sent to you after the initial background screening is completed. The physical examination may be completed by the Deer Park Family Care Clinic (276-5005) or the Lake Spokane community Health Center (434-3627). The District will cover the cost of the physical if completed by the designated clinic **and you are accepted for membership.** \_\_\_\_\_

The Fire District requires that you complete Recruit (firefighter) and EMT classes in order to become a volunteer firefighter. These classes are required to insure your safety, the safety of your fellow firefighters and the safety of the public. **These classes occur on evenings and weekends and are mandatory.** You must complete at least one year of service with the district after the completion of each class or you will have to compensate the district for the cost of the class. \_\_\_\_\_ The District also has minimum participation standards for drills and incidents that will be discussed with you prior to appointment as a volunteer.

The information you have provided will be reviewed by the Fire Chief for approval. The Fire Chief must approve your application **BEFORE** the Fire Commissioners confirm your appointment as a volunteer.

Should you have any questions, please contact the District Office at **262-9660 ext. 304.**

Welcome to Fire District 1,

Board of Commissioners  
Stevens County Fire Protection District No. 1

Claude Earl "Skip" Wells, Commissioner  
Mark Whittaker, Commissioner  
Danny Lee, Commissioner



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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

## PERSONAL

ARE YOU OVER THE AGE OF 18? \_\_\_\_\_

WASHINGTON STATE DRIVERS LICENSE NO. \_\_\_\_\_

RESTRICTIONS OR ENDORSEMENTS \_\_\_\_\_

TRAFFIC CITATIONS LAST 3 YEARS \_\_\_\_\_

## MEDICAL

While performing the duties of this job, you will frequently be required to stand, walk, and use hands to operate objects, tools, or controls to reach with hands and arms. Firefighter EMTs are occasionally required to sit, climb or balance, stoop, kneel, crouch or crawl, talk, and use the senses of hearing, taste and smell. You must frequently lift and move up to 10 pounds and occasionally lift and move up to 100 pounds. Specific vision abilities required by the position include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATIONS? \_\_\_\_\_

## EDUCATION (Include copy of HS Diploma or GED)

HIGH SCHOOL GRADUATE  YES  NO  GED COLLEGE (MARK HIGHEST LEVEL COMPLETED):  1  2  3  4

MAJOR AREAS \_\_\_\_\_

## PRESENT EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED?  YES  NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

NAME/ADDRESS OF EMPLOYER \_\_\_\_\_

EMPLOYMENT DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

## EMPLOYMENT HISTORY LIST LAST 2 EMPLOYERS, BEGINNING WITH THE MOST RECENT ONE FIRST:

NAME/ADDRESS/PHONE NUMBER OF EMPLOYER \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

NAME/ADDRESS/PHONE NUMBER OF EMPLOYER \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**FIREFIGHTER HISTORY**

Training:  None  Washington State Fundamentals of Firefighting  
 Other Training (include dates, locations, certificates) \_\_\_\_\_

Experience:  None  Structural  Forest  Field  Other \_\_\_\_\_  
Locations, Dates \_\_\_\_\_

**FIRST AID - EMS HISTORY**

Training: Do you have any Medical Training? If so explain: \_\_\_\_\_  
\_\_\_\_\_

Present Qualifications: \_\_\_\_\_  
\_\_\_\_\_

Experience:  None  Field EMS (fire or ambulance)  ER  Other \_\_\_\_\_  
Location, dates \_\_\_\_\_

**REFERENCES: LIST AND ATTACH TWO LETTERS OF REFERENCE LIST THE NAMES OF 2 PEOPLE NOT RELATED TO YOU WHO HAVE KNOWN YOU AT LEAST ONE YEAR:**

| NAME:    | ADDRESS: | BUSINESS: | YEARS KNOWN: |
|----------|----------|-----------|--------------|
| 1) _____ | _____    | _____     | _____        |
| 2) _____ | _____    | _____     | _____        |

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? IF SO, PLEASE EXPLAIN BELOW. YES NO  
\_\_\_\_\_

**AUTHORIZATION**

I HEREBY CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION ALONG WITH THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**OFFICE PURPOSES ONLY:**

DRUG TEST  PASS  FAIL \_\_\_\_\_

PHYSICAL TEST(S)  PASS  FAIL \_\_\_\_\_

MISCELLANEOUS TEST(S)  PASS  FAIL \_\_\_\_\_

ACCEPTANCE BY DISTRICT:  ACCEPTED  NOT ACCEPTED

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_