

# Enumclaw – KCFD#28

1330 Wells Street  
Enumclaw, WA. 98022  
360-825-5544

## Application for Volunteer Firefighter

Date of application: \_\_\_\_\_

### Information

Name (Last, First, MI)	
Street Address	
City, State ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

How did you learn of this position?

Advertisement      Walk-in      Friend      Relative      Other \_\_\_\_\_

Are you 18 years or older?    Yes                  No

Have you been employed by Enumclaw – KCFD#28 FD before?    Yes                  No

Do you have relatives employed by Enumclaw – KCFD#28 FD?    Yes                  No  
Relationship: \_\_\_\_\_

Have you been convicted of a felony?                                  Yes                  No

*(A conviction will not necessarily disqualify an applicant)*

If yes, please explain:

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The Enumclaw – King County Fire District No. 28 Fire Department is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability unless based upon a bona fide occupational qualification. If you believe that you have been discriminated against, you should notify the Department immediately.

**Personal References**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

IN CONSIDERATION OF THE ENUNCLAW-KING COUNTY FIRE DISTRICT NO. 28 FIRE DEPARTMENT PERMITTING ME TO APPLY FOR THIS POSITION, AND FURTHER PROCESSING MY APPLICATION, I HEREBY AUTHORIZE THE DEPARTMENT TO PERFORM A BACKGROUND INVESTIGATION ON ME. I HEREBY RELEASE, HOLD HARMLESS AND INDEMNIFY, FROM ANY AND ALL LIABILITY FOR DAMAGES, ALL PERSONS WHO MAY PROVIDE SUCH INFORMATION TO THE DEPARTMENT. I FURTHER WAIVE ANY RIGHTS THAT I MAY HAVE TO DISCOVER OR DEMAND THE RESULTS OF SAID BACKGROUND INVESTIGATION AND ANY MATERIALS OBTAINED DURING OR RELATED TO APPLY TO MY HEIRS, ASSIGNS AND ANY OTHER PERSONS CLAIMING THROUGH ME.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION HEREIN IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL BE GROUNDS FOR ELIMINATION FROM FURTHER CONSIDERATION OR, IF EMPLOYED, FOR DISMISSAL AT ANYTIME.

FURTHER, I UNDERSTAND THAT AT TIME OF HIRE I WILL BE REQUIRED TO PROVIDE DOCUMENTATION SHOWING AUTHORIZATION TO WORK IN THE UNITED STATES. I AM ALSO AWARE THAT IF HIRED BY THE DEPARTMENT, MY EMPLOYMENT IS AT WILL, THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME AS EITHER I OR THE FIRE CHIEF MAY DEEM APPROPRIATE.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Employment experience

Resumes may be attached but will not be accepted as a substitute for completing this section. Start with your present or last job. Include any job related military service assignments and volunteer activities for at least the past ten (10) years. Please include periods of self-employment and U.S. military service.

Employer's Name:	From: <span style="float: right;">To:</span>
Address:	Supervisor
Phone #:	Hours worked per week:
Number of employees supervised by you:	May we contact this employer?
Reason for leaving:	
Primary duties:	

Employer's Name:	From: <span style="float: right;">To:</span>
Address:	Supervisor
Phone #:	Hours worked per week:
Number of employees supervised by you:	May we contact this employer?
Reason for leaving:	
Primary duties:	

Employer's Name:	From: <span style="float: right;">To:</span>
Address:	Supervisor
Phone #:	Hours worked per week:
Number of employees supervised by you:	May we contact this employer?
Reason for leaving:	
Primary duties:	

Employer's Name:	From: <span style="float: right;">To:</span>
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Address:	Supervisor
Phone #:	Hours worked per week:
Number of employees supervised by you:	May we contact this employer?
Reason for leaving:	
Primary duties:	

Employer's Name:	From:	To:
Address:	Supervisor	
Phone #:	Hours worked per week:	
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Employer's Name:	From:	To:
Address:	Supervisor	
Phone #:	Hours worked per week:	
Number of employees supervised by you:	May we contact this employer?	
Reason for leaving:		
Primary duties:		

Describe any specialized training, apprenticeship, skills and extracurricular activities:

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**Education**

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any job related training received in the United States Military:

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List professional, trade, business or activities and offices held:

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Summarize special job related skills and qualifications acquired from employment or experience:

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State any additional information you feel may be helpful to us in considering your application:

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Do you possess a current driver's license?    YES                  NO

If yes, license # \_\_\_\_\_ State \_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

## Driving record

Name: \_\_\_\_\_  
(please print Last, First, Middle Initial)

List any notices of infraction or traffic citations which you have received in the past 5 years.

State	Month / Year	Type of Infraction

If more space is needed please attach additional sheets of paper.

Infractions or citations will not necessarily remove you from consideration, but the Enumclaw – King County Fire District No.28 Fire Department will consider your driving record and insurability when making employment decisions.

**The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Department Driving Standards:**

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified under the following circumstances:

**Violations:** More than two moving violations within the preceding three years, or reckless driving violations within the preceding five years, or driving while intoxicated.

**Accidents:** More than one motor vehicle accident within the preceding three years for which the applicant receives a traffic or criminal citation and was convicted, forfeited bail or entered a plea of "guilty" or "nolo contendere."

**Affirmative action data**

It is the policy of the Enumclaw – King County Fire District No.28 Fire Department 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, sexual orientation or the presence of any sensory, mental or physical disability. To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept confidential file separate from the application form and will not be used to evaluate your qualifications for employment.

**Position applied for:** \_\_\_\_\_

Ethnic category: (choose only one)

- White (not of Hispanic origin) –those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) –those having origins in any of the Black racial groups of Africa.
- Hispanic –those Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islanders –those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or Pacific Islands.
- American Indian or Alaskan Native –those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Male            Female

Date of birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a United States Citizen?                    YES            NO

Are you a veteran of the United States Military?    YES            NO

Are there limitations that will restrict your ability to perform the essential functions of this position?    YES            NO

If yes, please explain \_\_\_\_\_

What reasonable accommodations, if any, would be necessary for you to perform the essential functions of this position? \_\_\_\_\_