

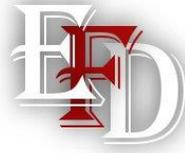
VOLUNTEER FIREFIGHTER APPLICATION



EPHRATA FIRE DEPARTMENT

*Neighbors providing neighbors with caring, effective
fire & life safety services*

**800 A ST SE • EPHRATA, WASHINGTON 98823
509-754-4666 • www.ephrata.org**



EPHRATA FIRE DEPARTMENT

Thank you for your interest in becoming an Ephrata Volunteer Firefighter.

The Ephrata Fire Department seeks the volunteer talents of hard working, customer service minded men and women from our community to provide a wide range of fire suppression, rescue, minor hazardous materials assistance and public education to the greater-Ephrata area.

Our application process is multi-phased, consisting of this written application, criminal background check, written examination, physician's wellness screening, physical ability test, and oral interview board.

Upon successful completion all phases of the application process, you will be a Probationary Firefighter. Failure to show interest by participating in Ephrata Fire Department training and activities during your probation period will result in your dismissal.

Training sessions are held every Wednesday evening at 7 PM. The second Wednesday of each month are a business and safety meeting. You are encouraged to attend and participate as much as possible.

Volunteer Firefighter candidates will not receive a pager nor be allowed to respond to alarms prior to completing the required firefighter recruit training. These recruit classes are dependent on a certain number of trainees, and occur on an as-needed basis.

Please note that you must live within the Ephrata city limits or reasonable drive time to the Fire Station.

Please read the application carefully and attach all requested information. Return the completed application to the Ephrata Fire Department, 800 A St SE, Ephrata. Faxed applications will not be accepted.

Again, thank you for your interest. Should you have any questions, please contact the Ephrata Fire Station at 754-4666.

Sincerely,

Jeremy R. Burns
Fire Chief



EPHRATA FIRE DEPARTMENT

VOLUNTEER FIREFIGHTER APPLICATION

Please read all instructions carefully. Fill in all forms completely and legibly.
Failure to provide all information requested may delay the application process.
All information provided will be held in the strictest of confidence.

POSITION APPLYING FOR

<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> CADET (Under 18)	OTHER (SPECIFY)
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PERSONAL INFORMATION

NAME (Last, First, MI)	DOB
ADDRESS	SSN
CITY, STATE, ZIP	PHONE

ADDITIONAL CONTACT INFORMATION

WORK PHONE	EMAIL ADDRESS
PAGER	CELLULAR PHONE

EMERGENCY CONTACT

NAME	RELATIONSHIP
ADDRESS	PHONE

WASHINGTON STATE DRIVER'S LICENSE

NUMBER	EXPIRATION
ENDORSEMENTS	RESTRICTIONS

PREVIOUS FIREFIGHTING or EMERGENCY MEDICAL SERVICES EXPERIENCE

HAVE YOU EVER BEEN AN APPLICANT, MEMBER, OR EMPLOYEE OF THE EPHRATA FIRE DEPARTMENT OR ANY OTHER FIRE/EMS AGENCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE ATTACH INFORMATION ON AN ADDITIONAL PAGE.	

ARMED FORCES EXPERIENCE

BRANCH	RANK
TYPE OF DISCHARGE & DATE	SERVICE DATES

SPECIAL ACCOMODATION

DO YOU HAVE ANY PHYSICAL, SENSORY, OR MENTAL LIMITATIONS WHICH WOULD PREVENT YOU FROM PERORMING THE FUNCTIONS OF A VOLUNTEER FIREFIGHTER? Yes No

If Yes, please explain _____

CRIMINAL RECORD

DURING THE PAST SEVEN YEARS HAVE YOU BEEN CONVICTED OF ANY CRIME? Yes No

If Yes, attach detailed information and disposition of case

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? Yes No IF YES, YEAR AND SCHOOL AND LOCATION

IF NO, CIRCLE HIGHEST GRADE COMPLETED 10 11 12 GED COMPLETED? YEAR & LOCATION

ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)

Name of School	City/State	Dates Attended	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS TRAINING

ENTER BELOW ALL FIREFIGHTER, EMS, OR OTHER APPLICABLE TRAINING (Use extra page if necessary)

Type of Certification	Date Received	Expiration	Jurisdiction in which received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACHMENTS

Please attach to the back of this application photocopies of the following:

- Your Driver's License
- Your Social Security Card
- Any Certification Cards or Certificates
- Your 5 Year Driving History Abstract (available at the D.O.L.)
- Any other requested information

REFERENCES

PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES

The Ephrata Fire Department will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your education, work experience, character, and/or community service involvement.

NAME	TELEPHONE NUMBER	OCCUPATION/TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHORT ESSAY

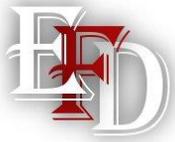
On a separate sheet of paper, please indicate why you wish to join the Ephrata Fire & Ambulance Department.

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department. I authorize Ephrata Fire & Ambulance Department (EFAD) representatives to contact by telephone or personal interview or in writing the persons listed as references on this application and to confidentially gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for probationary membership by the Ephrata Fire & Ambulance Department, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the references contacted and EFAD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded.

Signature _____ **Date** _____

PLEASE COMPLETE THE FOLLOWING ADDITIONAL FORMS



VOLUNTEER APPLICATION DISCLOSURE STATEMENT

I understand that my volunteer position with Ephrata Fire Department is contingent upon EFD's review and approval of a truthfully completed and signed Application/Disclosure Statement and receipt of a report declaring no evidence of criminal history from the Washington State Patrol. I further understand that if I am hired or permitted to volunteer, I may be discharged for any misrepresentation or omission on the Application/Disclosure Statement or the Request for Criminal History.

NAME: _____
Last First Middle

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: Home (____) _____ Work (____) _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

HAVE YOU EVER BEEN:

1. Convicted of any crimes against persons (as listed on the reverse side of the Application/Disclosure Statement)?
NO _____ YES _____
2. Found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
NO _____ YES _____
3. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
NO _____ YES _____
4. Found in any final decisions issued by a disciplinary board (or the director of the Washington State Department of Licensing) to have sexually abused or exploited any minor or to have physically abused any minor?
NO _____ YES _____
5. Convicted of any crimes against property?
NO _____ YES _____
6. Convicted of any crimes related to drugs as defined in RCW 43.43.830?
NO _____ YES _____

Answering YES to any of the above inquiries will not necessarily disqualify you from volunteering for Ephrata Fire Department (EFD), but will require EFD to make further inquiries before you will be permitted to begin your activities on its behalf. You will be requested to complete a EFD Washington State Patrol REQUEST FOR CRIMINAL HISTORY authorized by the CHILD/ADULT ABUSE INFORMATION ACT. The request will permit EFD, pursuant to RCW 43.43.838, to obtain a report of your criminal convictions; disciplinary board final decisions and subsequent criminal charges associated with the disciplinary board's final decision; and the record of civic adjudication pertaining to offenses against children. If there is no such history on record with the Washington State Patrol or Federal Bureau of Investigation, you will receive a notice entitled 'IDENTIFICATION DECLARING NO EVIDENCE.' If there is such a record, we will immediately notify you. EFD will use the report only for the purpose of making its decision whether to hire you or to permit you to act as an EFD volunteer, and for no other purpose.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Applicant

Date