



**Yakima County Fire District # 4
East Valley Fire Department**

District Office: 2003 Beaudry Road, Yakima WA 98901 (509) 457-8615 / Fax 457-0373

Dear Applicant,

Thank you for your interest in volunteering with East Valley Fire Department. This letter is an information guide to help you understand our hiring process, training requirements, probation periods, and call response expectations. Our volunteers are titled as Recruit Firefighters, Probationary Firefighters, EMS/Support, or Part-time/Paid-on-call employees. Recruit and Probationary members are paid on a stipend basis per event. Part-time/Paid-on-call members are paid at an hourly rate for training and emergency responses. You are required to live within our district boundaries to serve with the department. **EVFD is a close nit team that operates on hard work and dedication from every member.**

Firefighter vs. EMS/Support:

The first decision to be made is whether you are interested in our Firefighter or EMS/Support program. Recruit Firefighters are required to attend a three month recruit class, a two week wild land course, and must attend a three month EMT course or maintain a CPR/First-Aid card. Recruit EMS/Support personnel are required to attend the three month EMT course and train to drive and operate our air support units. After you have decided which path best suits your interests you will need to fill out our basic application form, **print off a full Driver's Abstract Report**, and return them to the District Secretary. The last page will need to be notarized. The District Secretary is able to notarize your form. However, an appointment must be made prior to your arrival and you must bring your driver's license.

After your application is submitted you will be invited to attend several drill nights to introduce yourself to the group and become familiar with the department and our members. Then you will be invited to our interview process where the Officer's Board and Fire Chief will ask basic questions to learn your personality traits and determine if you are a good fit for our team.

Hiring process:

If you are selected to move on in the process you will need to contact the District Secretary to fill out the appropriate paperwork. A criminal background check will be obtained by the District Secretary. A driver's abstract will need to be submitted by the applicant to the District Secretary before scheduling a mandatory medical/physical exam with Worker Care Clinic. You will also need to obtain a mask face-piece from the Training Coordinator to take with you to your appointment. If it is determined that your background check is clean and you are insurable to drive and operate the department apparatus, you will begin your training.

Training Requirements:

All new members are required to obtain several online NIMS (National Incident Management System) certifications, obtain an approved CPR/First Aid card, complete the SOP & SOG (Standard Operating Procedures & Standard Operating Guidelines) quiz, complete



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sexual harassment training, and pass the Physical Agility Test before beginning classroom training.

During Recruit Class and/or EMT training you will be required to attend classes on Mondays from 1800-2200, Thursdays from 1800-2200, and Saturdays from 0800-1600. All missed training will be completed before certification of the class. EMS/Support personnel will be required to attend several recruit classes to obtain training on EVIP (Emergency Vehicle Incident Prevention), SCBA (Self Contained Breathing Apparatus), Hazardous Materials, and department safety courses.

The department conducts weekly training on Tuesday evenings beginning at 1900. During Recruit Class and EMT training Tuesday drills will be encouraged but not required as to focus on classroom study. However, when not attending training courses you will be required to attend the Tuesday evening drills.

Probation Periods:

Typically probation periods last one year from date of hire. If a member excels and completes all required training early, with approval, they may shorten their probation period. During this time you will attend your training courses, complete task books, and be signed-off to operate and drive department apparatus. While in probation you will be paid at a stipend rate. You will be paid a set amount given the circumstance in which you are performing tasks. Once probation is complete you will be paid on an hourly basis.

Call Response:

All members are required to respond to six emergency responses per month. This is graded on a three month average which allows lenience for illness, vacation, increased work hours, family emergencies etc. During training courses the six call average is encouraged but not required as to focus on classroom study. However, it has been found that members excel when responses are made.

Remember to be yourself and be honest throughout the hiring process. We have many members with numerous years of experience and knowledge. Be sure to ask any questions you may have. Again thank you for reading this and good luck to you during this process.

I, _____ have read and understand the information given in this letter.
Signature



Yakima County Fire District #4

2003 Beaudry Road

Yakima, WA 98901

(509) 457-8615

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:	SOCIAL SECURITY NUMBER:
NAME: (Last, first and middle initial)	STREET ADDRESS:
TELEPHONE:	CITY/STATE/ZIP:
MESSAGE/CELL PHONE:	VALID DRIVER'S LICENSE NUMBER:

Have you been convicted of a misdemeanor or felony (other than minor traffic offenses) within the last seven (7) years?

___ Yes ___ No

If yes, please give the nature of the crime, date of conviction, and the court in which you were convicted.

Conviction of a crime will not necessarily disqualify you from employment unless it would reasonably affect your fitness for the position in which you have applied.

EDUCATION

TYPE OF SCHOOL	NAME, CITY/STATE	MAJOR COURSE	DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS/TECHNICAL			
TRAINING			
MILITARY			
OTHER COURSES			

CERTIFICATIONS HELD: _____

SPECIAL SKILLS/PROFESSIONAL LICENSES: _____

HOBBIES/ACTIVITIES: _____

Yakima County Fire District #4 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.

WORK HISTORY

You may attach a resume, but all sections must be complete for your application to be considered. Please begin with your present or most recent employment, including periods of self-employment and United States military service. Attach extra pages if necessary in order to list your work experience for the last 10 years.

Job Title		Employer's Name and Mailing Address	
Supervisor's Name			
Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Please note month and year)		Hours per week:	Last Hourly Rate or Monthly Salary:
From:	To:		
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Mailing Address	
Supervisor's Name			
Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Please note month and year)		Hours per week:	Last Hourly Rate or Monthly Salary:
From:	To:		
Duties:			
Reason for leaving:			

Job Title		Employer's Name and Mailing Address	
Supervisor's Name			
Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Please note month and year)		Hours per week:	Last Hourly Rate or Monthly Salary:
From:	To:		
Duties:			
Reason for leaving:			

Undated, unsigned or incomplete applications will not be accepted.

To the best of my knowledge, the information herein is true and complete. I understand that should an investigation at any time disclose such misrepresentations or falsification, my application may be rejected, my name removed from consideration, or dismissal, if employed.

I authorize my current and former employer(s); schools and technical institutions for which I have attended, to provide Yakima County Fire District #4 representatives any information regarding my employment, scholastic records or ratings. I hereby release any such employer or institution, their agents or employees, from liability resulting from release of such information.

I understand that as a condition of employment, I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

EmpApp001

Date

11/27/06

ADR

ADRS



Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$5 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name <i>(Last, First, Middle Initial)</i>		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
Mailing address		
City	State	ZIP code
<p>Type of record We offer the following types of driving records. Check the box beside the one(s) you need.</p> <p><input type="checkbox"/> Three-year noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> Three-year commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> Three-year life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> Full employment/commercial record. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> Volunteer for organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions. Some convictions remain on record for more than five years.</p> <p>If this request is to be billed and mailed to a school district: School district name _____ Requestor code _____</p> <p><input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p>		
Date and place signed (Valid for four months)		X Signature

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I am a candidate for the position of _____ with Yakima County Fire District #4 Yakima, Washington and hereby authorize you to furnish Yakima County Fire District #4 with any and all records or information that you have concerning me, my work record, my reputation, medical records, polygraph, psychological profile, my academic credentials, my military service records, and my financial status. This waiver applies only to this position and expires ninety (90) days after the date below.

Information of a confidential or privileged nature may be included. Those individuals who supply references may respond freely to all questions concerning my job related knowledge, skills, abilities, education and experience, and any other matters which may be relevant to my performance in the position I am seeking. I waive my rights to personally review any materials you may transmit to Yakima County Fire District #4 in connection with my application for employment.

I understand that an investigative consumer report, if deemed necessary for the position for which I have applied, may be obtained through personal interviews with my neighbors, friends or associates. Your reply will be used to assist Yakima County Fire District #4 in determining my qualifications and fitness for the position.

I hereby release you and your organization from any and all liability arising from your release of information to Yakima County Fire District #4 about my employment history, my academic credentials or qualifications and my suitability for employment with Yakima County Fire District #4. It is further agreed and understood that I shall hold Yakima County Fire District #4 harmless for use of any and all information gained through these inquiries.

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public in and for the State of
Washington residing in _____.
Expiration _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.