



Snoqualmie Pass

Fire & Rescue

Serving our community

Snoqualmie Pass Fire & Rescue
PO Box 99, Snoqualmie Pass, WA 98068
(425) 434-6333 Fax (425) 434-6355

Volunteer Application

PERSONAL

An incomplete application may delay or disqualify you. Do not use a pencil to complete application.

Name: _____
Last First MI

Street Address _____

City State Zip Code

Home Phone Daytime Phone Cell Phone

Email Address Social Security Number

Emergency Contact: _____
Name Phone Relationship

Mailing Address (If different from your street address)

Address City State Zip Code

Date of Birth: ____/____/____

U. S. Citizen: yes no Work Permit: yes no Can you show proof?: yes no

Valid Washington State Driver's License Number: _____ Expiration _____

Will you be 18 years or older by date of orientation? yes no

Are you a Certified EMT? yes no If yes, expiration date: _____

I will require special accommodation for the testing process: yes no

Do you claim Veteran's Preference? yes no Attach DD214, proof of service is required

EDUCATION/ TRAINING

Type of Schooling	School & Location	Date(s) of Enrollment	Major Course	Degree/ Date
High School or GED				
Business or Tech				
Undergraduate Studies				
Graduate Studies				
Other Courses and Training				

EDUCATION/ TRAINING Continued

Training / Certificates: _____

Special Skills / Professional Licenses: _____

List office equipment you can operate: _____

List heavy equipment or machinery you can operate: _____

WORK HISTORY

Please read carefully: Resumes will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment and U.S. Military service. Attach separate sheets if necessary

From (month & year)	Company Name	Your Position/ Title		
To (month & year)	City	Type of Company		
Salary	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number

Duties: _____

Reason for leaving: _____

PROFESSIONAL/PERSONAL REFERENCES

List professional references that have known you for 3 years or more:

Name	Address	Daytime Phone Number
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Name	Address	Daytime Phone Number
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Name	Address	Daytime Phone Number
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Name	Address	Daytime Phone Number
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THE FOLLOWING MUST BE COMPLETED

Have you been convicted of a crime or incarcerated within the last 7 years? (Do not include non-criminal traffic citations)

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:

AGREEMENT, CERTIFICATION and AUTHORIZATION

This statement must not be altered.

I hereby certify, under 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 of, and 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 my record, reason for leaving and all information they may have concerning me to Snoqualmie Pass Fire & Rescue. I hereby release any such current or former employers or institutions, their agents or employees and the above listed jurisdictions from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

NOTICE: If selected you will be required to verify you are legally eligible to work in the United States prior to appointment

(P.L. 99-630: U.S. Immigration Reform and Control Act of 1986)

Signature of Applicant

Date

DRIVING RECORD

To be completed by applicant for the position when operation of motor vehicles is a regular part of the job duties.

Name	Date of Birth	Social Security Number
Driver's License Number	Expiration Date	State of Issue

List any notices of infractions or traffic citations you have received in the past 5 years:

State	Month / Year	Type of Infraction

Infractions or citations will not necessarily remove you from consideration, but Maple Valley Fire and Life Safety will consider your driving record and insurability when making employment decisions.

DRIVING RECORD GUIDELINES

Records of all staff will be checked on an annual basis. Decisions will be made based on the previous three years. Any total in excess of 6 points is grounds for disciplinary action or dismissal.

8 points

- Negligent homicide
- *DUI with or without accident
(*DUI – is either alcohol or drugs)
- Hit and run – attended
- Reckless driving
- Revocation of License
- Denial of License
- Using a motor vehicle in the commission of a felony.

6 points

- Negligent with accident
- DWLS (Driving while license suspended)
- Hit and Run - unattended

Speed

- 01-10 over the limit 2 points
- 11-20 over the limit 4 points
- 21-25 over the limit 5 points
- 26+ over the limit 7 points

4 points

- Negligent driving with no accident.

Other moving violations not described above with accident equals 4 points.
Other moving violations not described above without accident equals 2 points.

Waiver and Release of Driving Record

I, the undersigned applicant for employment with Snoqualmie Pass Fire & Rescue, hereby authorize the release of both my individual and my employee driving record, as defined by RCW 46.52.120 and 46.52.130 by the Department of Licensing, and my criminal record to Snoqualmie Pass Fire & Rescue. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If Snoqualmie Pass Fire & Rescue Safety selects me as a career or volunteer member, this release shall continue to be valid throughout the tenure of my participation with this jurisdiction. A photocopy may be accepted in lieu of the original.

Print Name	Signature	Date
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OPTIONAL MEDICAL INFORMATION (IF APPLICABLE)

For your safety, and the safety of others, service as a firefighter and participation in the firefighter selection process is not recommended, if you have any of the diseases listed below.

Please check any and all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Disabilities whereby your full physical capacities are limited | <input type="checkbox"/> Kidney or Urinary trouble |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hearing defects |
| <input type="checkbox"/> Tuberculosis or any Lung Disease | <input type="checkbox"/> Nervous System trouble |
| <input type="checkbox"/> Back trouble | <input type="checkbox"/> Vision defects |
| <input type="checkbox"/> Piles | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental disease |
| <input type="checkbox"/> Allergies, such as: | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Asthma / Hay Fever / Eczema | <input type="checkbox"/> Rheumatism or Arthritis |

You are strongly urged to obtain a medical release from your doctor, if you marked yes to one or more of the above diseases or conditions.

Doctor's Release

I am aware of the physical condition of _____, and
Patient's Name
have reviewed the activities required of a firefighter and the selection process. There is no
medical reason that this patient cannot perform the activities required.

Physician's Signature

Date

Print Physician's Name

Phone Number