GRAYS HARBOR FIRE DISTRICT #1
108 East Main St. Oakville, WA 98568
Phone (360)273-6645 Email admin@ghfd1.org

Our Vision

Providing the citizens of Grays Harbor Fire District No. 1 focused risk reduction and life safety activities accomplished through professionalism, adequately trained and equipped personnel.

Firefighter Volunteer Application Packet

Minimum Requirements:

- 16 years of age
- Able to obtain a high school diploma or a GED
- Possess a valid driver's license
- Pass a background investigation, driving record review
  See next page for automatic/potential disqualifiers
- Ability to read and write the English language

Participation Requirements

- Volunteer Firefighter
  - Attend Tuesday drill nights
  - 24 hours cumulative shift work per month
  - Complete mandatory training as assigned
  - Attend Firefighter Academy

Application and Selection Process

- Keep this and the following page for your records
- Download application online at www.ghfd1.org and email to admin@ghfd1.org.
- If you have a change in telephone number, physical address or email address, *please* contact the office to update your application. Applicants will be contacted from the information *you* provide on the completed application.
- A program overview may be scheduled for you to visit our department and ask questions about our program.
- Accepted applications will be invited to participate in an interview process
- The Fire Chief may conduct a final interview
- Driving/background investigations will be conducted
- Medical/physical exams will be conducted

**INCOMPLETE APPLICATIONS WILL BE REJECTED.*

Volunteer Application

Date received (office use only)

Instructions

- Complete legibly in blue or black ink.
- Follow the directions. Illegible, incomplete or incorrectly completed applications will automatically be disqualified and will not be considered.
- DO NOT LEAVE ANY ITEM BLANK, if an item does not apply, please write "N/A" (not applicable)
- If you need additional space, attach a separate piece of paper with acceptable documentation including your name and the specific section of this application you are continuing.
- You may also attach copies of resumes, documents, or certificates which support your application. All materials submitted become property of GHFD1 and will not be returned.
- All statements made on the application are subject to verification.
- Sign the last page of the application affirming the information provided is true and correct.

What position are you applying for? ☐ Volunteer Firefighter

How did you learn about our program?

Please check one: GHFD1 Website ☐ Walk-in ☐ Friend ☐ Social Media ☐ Other ☐

Do you have an <u>active</u> Washington State EMT Certification? Yes ☐ **No** ☐

Do you have an IFSAC Firefighter 1 Certification? Yes ☐ **No** ☐

Information

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

*THE FOLLOWING ARE **AUTOMATIC AND POTENTIAL DISQUALIFIERS**. APPLICANTS SHOULD <u>NOT</u> APPLY TO OUR AGENCY IF THEY INDICATE ANY OF THE <u>AUTOMATIC</u> DISQUALIFIERS.*

Driving

Automatic	1 or more traffic crime convictions in the last 5 years (DWI, Suspended License, Reckless Driving, ETC.
Automatic	3 or more moving violations or suspended license in past 3 years.
Potential	Driving Records indicate a pattern of infractions will be reviewed on a case-by-case basis and may be forwarded to our insurance provider to confirm compliance with policy requirements.
	ALL drivers are subject to driving record check.
Automatic	Ignition interlock device restriction.

Drug Usage

Automatic	No illegal sale of **ANY** drug, including marijuana.
Automatic	Pattern of illegal use of prescription medication.
Potential	**ALL** members are subject to drug testing.

Criminal Activity

Automatic	**ANY** adult felony conviction
Potential	Adult misdemeanor convictions will be carefully reviewed.
Potential	Juvenile felony convictions will be carefully reviewed.
Automatic	Convicted of any crime under domestic violence statue.
Automatic	Unlawful sexual misconduct
Potential	All members are subject to a thorough background investigation prior to joining the organization.

Employment

Automatic	Falsification or lied during any portion of the employment application/testing process.
Automatic	Negative personal or professional references.
Automatic	Lied during any stage of the hiring process.

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Driver's Lic. #: _____ Social Security #: _____

D.O.B. _____ Position applying for: _____ Firefighter _____ Aid Crew _____ Administrative

Do you have any conditions which would prevent you from performing in this position: _____ Yes _____ No

If Yes, What accommodations would you need, if any, to assist you in performing your duties: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Title/Position: _____ If current, Schedule: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Title/Position: _____ If current, Schedule: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Title/Position: _____ If current, Schedule: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Volunteer Experience

Volunteer Organization: _____ Phone: _____ From/To: _____

Address: _____ HRS WRK: _____

Title/Position: _____ Immediate Supervisor: _____

Job Description: _____

_____

Reason for Leaving: _____

Volunteer Organization: _____ Phone: _____ From/To: _____

Address: _____ HRS WRK: _____

Title/Position: _____ Immediate Supervisor: _____

Job Description: _____

_____

Reason for Leaving: _____

Related Experience, Skills, and Certificates

Experience: _____

_____

_____

_____

_____

Certificates	Expiration Date	Skills

References

*Please list three **professional** references.*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

*Please list three **personal** references.*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

GRAYS HARBOR FIRE DISTRICT #1 IS AN EQUAL OPPORTUNITY EMPLOYER. WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY. BY SIGNING THIS FORM, I AM CERTIFYING THAT ALL ANSWERS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS MAY BE CAUSE FOR REJECTION OF MY APPLICATION, REMOVAL OF MY NAME FROM THE REGISTER, OR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AUTHORIZE THE DISTRICT TO MAKE ANY NECESSARY INVESTIGATION TO VERIFY THE TRUTH AND ACCURACY OF MY APPLICATION PACKAGE INFORMATION. **PLEASE SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE UPON APPLICATION.**

SIGNED: _____ **DATE:** _____

CONVICTION/CRIMINAL HISTORY INFORMATION

When considering individuals for employment (both career and volunteer), conviction/criminal history records are reviewed as they relate to the content and nature of the work, as well as the safety and security of the fire district staff and the public. A conviction/criminal history does not necessarily disqualify an individual for employment/volunteer membership. Criminal history records will be subject to a satisfactory criminal conviction report. Applicants will be asked to sign a separate release form. Applicants who do not sign the release form will be removed from the consideration for employment/volunteer membership.

This form must be completed to be considered for employment.

INSTRUCTIONS: Complete ALL sections and sign below. The information you provide will be used only as it relates to consideration for employment (paid or volunteer).

CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

- ☐ NO
- ☐ YES—If yes, check all that apply and describe in space below or use additional page if needed.

- ☐ Arson
- ☐ Assault, Custodial
- ☐ Assault, Simple
- ☐ Assault
- ☐ Burglary
- ☐ Child Abandonment
- ☐ Child Abuse or Neglect
- ☐ Child Buying or Selling
- ☐ Child Molestation
- ☐ Communication with a minor
- ☐ Criminal Abandonment
- ☐ Criminal Mistreatment
- ☐ Custodial Interference
- ☐ Extortion
- ☐ Forgery
- ☐ Incest
- ☐ Indecent Exposure—Felony
- ☐ Indecent Liberties
- ☐ Child Abuse
- ☐ Kidnapping
- ☐ Malicious Harassment
- ☐ Manslaughter
- ☐ Murder, Aggravated
- ☐ Murder
- ☐ Patronizing a Juvenile Prostitute
- ☐ Promoting Pornography
- ☐ Promoting Prostitution
- ☐ Prostitution
- ☐ Robbery
- ☐ Rape
- ☐ Rape of a Child
- ☐ Selling/Dist Erotic Materials to a minor
- ☐ Sexual Exploitation of a Minor
- ☐ Sexual Misconduct with a Minor
- ☐ Theft
- ☐ Unlawful Imprisonment
- ☐ Vehicular Homicide
- ☐ Violation of Restraining Order

Explanation of Violation(s): _____

_____

_____

_____

DRIVING RECORD EVALUATION:

This form must be completed to be considered for employment.

All applicants for career and volunteer positions with Grays Harbor Fire District #1 will have their driving record evaluated. Grays Harbor Fire District #1 uses the violation point system listed below. If your permanent driving record reflects a total of six (6) points or more for a period 36 months (3 years) preceding the date of your application, you will not be allowed to continue in the process. Therefore, if you know that your driving record is less than six points, you may apply. However, any new violations that occur before the completion of the probationary process, which put your total score above six points will disqualify you. Annual evaluation of a member's driving record may be made during a member's employment or volunteer service. Any current member found in violation of this evaluation will result in suspension of driving privileges and/or termination of employment with Grays Harbor Fire District #1.

VIOLATIONS:	**POINTS**
Revocation of driver's license	**8**
Denial of issuance of driver's license	**8**
Negligent Homicide	**8**
Driving while intoxicated (involving an accident)	**8**
Driving while intoxicated (not involving an accident)	**6**
Reckless Driving (involving and accident)	**8**
Reckless Driving (not involving an accident)	**6**
Negligent Driving (involving an accident)	**5**
Negligent Driving (not involving an accident)	**4**
Hit and Run (attended, occupants in vehicle)	**8**
Hit and Run (unattended, no occupants in vehicle)	**6**
Driving while license is suspended (DWLS)	**4**
Speeding in excess of the posted limit:	
0-14 MPH over	**2**
15-19 MPH over	**3**
20-25 MPH over	**4**
26 MPH and over	**5**
Convictions or forfeitures for other moving violations:	
Each violation involving an accident	**4**
Each violation not involving an accident	**2**

Signature:_____

I certify that the information contained in this application and in all materials is true, correct and complete to the best of my knowledge. Under penalty of perjury I understand that consideration of this application and the continuation of any subsequent employment depends on the true, accurate, and complete representation of these facts. I understand that my application will not be considered unless it is signed. I authorize Grays Harbor Fire District #1 to make inquiries regarding the information on my application and waive my right to confidentiality for purpose of such inquiries. I release all parties and persons associated with such inquiries in connection with information they give. **I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED.**

SIGNATURE: _____

DATE: _____

REQUEST FOR INFORMATION

TO: Grays Harbor Sheriff
Grays Harbor County Sheriff's Office
P.O. Box 511
Montesano, WA 98563

PLEASE PRINT:

RE: _____
Applicant Name: **LAST** **FIRST** **MIDDLE**

You are hereby authorized to release and give to the Fire Chief of Grays Harbor Fire District #1 or his duly authorized representative, any information they request covering my membership in their department. This is for the purposes of a background inquiry for membership as a fire fighter of Grays Harbor Fire District #1. All prior authorizations for requests for information are hereby cancelled and I waive any privilege I may have to object to any such release of information.

Aliases/Maiden Name(s): _____

Date of Birth: _____

Washington Driver's License # is: _____

Current Address is: _____
Street City State Zip code

Signature: _____
(To be signed in the presence of a Notary Public)

STATE OF WASHINGTON)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this _____day of_____, 20____.

_____
NOTARY PUBLIC in and for the
State of Washington, residing

in_____

My commission expires: _____