



Enumclaw Fire Department

1330 Wells Street Enumclaw, Washington 98022

Phone: 360-825-5544

Email: EFD@EnumclawFire.org

Volunteer Program Application Packet

Introduction

The Enumclaw Fire Department provides emergency, prevention and public education services to approximately 20,000 residents within a 56 square mile area. The department responds to about 2,500 calls for service each year.

The Enumclaw Fire Department operates three fire stations. Our headquarters station is located at **1330 Wells Street, Enumclaw, WA 98022**. Our cohesive and functional team is comprised of career and volunteer personnel. This includes the Fire Chief, 2 administrative employees, 16 full-time firefighters, and approximately 30 volunteer firefighter/EMT's. Our full-time personnel work a 48/96 schedule and staff our Headquarters Station 24 hours a day. Each shift is comprised of 4 firefighters and 1 captain.

Our outlying stations and the neighborhoods they serve rely on our dedicated volunteers to enhance the fire and EMS services they receive. These stations are staffed by resident volunteer firefighters who live in the stations rent-free in exchange for their service. These stations are augmented by additional volunteer staff when available.

The choice to become a firefighter or EMT should not be taken lightly. Though the career can be immensely gratifying and deeply rewarding, firefighters and EMTs, in any capacity, often encounter incidents and situations that can be hazardous. At times, it is necessary that firefighters and EMTs perform strenuous work under stressful conditions requiring significant physical exertion. Candidates must complete the Candidate Physical Agility Test (CPAT) through Public Safety Testing or National Testing Network (both can be found online).

Minimum Requirements

- 18 years of age
- Possess a high school diploma or a GED
- Possess a valid Washington State drivers license
- Pass a background investigation including driving record review
- Ability to read and write the English language
- Provide proof of CPAT completion within last year (due at time of hire)
- Washington State EMT certification preferred

Application and Selection Process

Fill out the application and return it to our Headquarters Station (1330 Wells Street, Enumclaw). If you have a change in telephone number, mailing address or email address, please contact the office to update your application. Applicants will be contacted from the information provided on the completed application. We typically review applications every few months or as vacancies occur.

Compassionately serving our community through a culture of safety and professionalism.



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Application Instructions

Follow instructions on the application and fill it out completely. Your application status and your next steps will be communicated via email. Do not leave any item blank. If an item does not apply, 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 the property of Enumclaw Fire Department and will not be returned. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

Selection Process

- **Completed Application Packet**
- **Proof of CPAT completion (to be provided at time of hire)**
- **Oral Board Interview**
- **Fire Chief's Interview**
- **Driving and Background Investigation**
- **Medical/Physical Examination**

For information on how to obtain a CPAT candidates should contact either Public Safety Testing or National Testing Network. Candidates should consider this application their official notice to obtain a CPAT verification. Candidates who are offered positions will be subject to a background investigation and a medical examination, at the departments expense.

Thank you for your interest in our program. We look forward to meeting you in the near future.

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Date Received (office use only)

Volunteer Application

Instructions

Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write "N/A" (not applicable). If you need additional space, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of resumes, documents, or certificates which support your application. All materials submitted become the property of Enumclaw Fire Department and will not be returned. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected.

What position are you applying for?

Please check one: Home Responder FF/EMT* Resident FF/EMT Live-In Resident FF/EMT

Home Responder FF/EMTs **MUST live in our Fire District*

How did you learn of this position?

Please check one: Advertisement Walk-in Friend Relative Other

Do you have a current Washington State EMT Certification? Yes No

Do you have a IFSAC Firefighter 1 Certification? Yes No

Information

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

	Yes	No
Are you 18 years or older?		
Have you been previously employed by Enumclaw Fire/KCFD #28?		
Are you legally entitled to work in the United States?		
Are you able to perform the essential functions of this position?		

References

Please list 4 references that are not relatives or previous employers.

Name: _____ Years known: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Relationship: _____

Name: _____ Years known: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Relationship: _____

Name: _____ Years known: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Relationship: _____

Name: _____ Years known: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Relationship: _____

Background History

Have you ever been convicted of a crime? YES NO

If yes, explain conviction(s), date of such offense(s), city/county/state convicted:

State	Month/Year	Conviction/Details

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

List any accidents, infractions or traffic citations which you have received in the past 5 years.

State	Month / Year	Type of Infraction/Details

Convictions, infractions or citations will not necessarily remove you from consideration, but Enumclaw Fire will consider your background, driving record and insurability when making employment decisions.

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 the past ten (10) years. Please include periods of self-employment and U.S. military service.

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

Job Title:	From: To:
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Phone #:	Hours worked per week:
Number of employees supervised by you:	May we contact this employer?
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Education

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

List any job pertinent skills, specialized training and equipment that you can operate:

List extracurricular activities and hobbies:

List Accomplishments:

Describe why you want to be a firefighter/EMT for the Enumclaw Fire Department:

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

	FLUENT	DECENT	FAIR
SPEAK			
READ			
WRITE			

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

Enumclaw Fire Department is an Equal Opportunity Employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or disability.

I certify that the information contained in this application is true, complete, and correct. I understand that false, misleading, or exaggerated statements are considered sufficient cause for dismissal of my application and/or termination of employment.

Signature _____ **Date** _____



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Volunteer Firefighter and EMT Agreement

Enumclaw Fire/KCFD #28 has a responsibility to provide quality service to the citizens we serve. An integral part of the success of our operations comes from our volunteer firefighters and EMTs. To ensure that all new recruit volunteer firefighters and EMTs understand the commitment and responsibility for which they have volunteered to serve, it is necessary that each recruit read, understand and acknowledge this agreement.

I, _____, understand that as a result of appointment as a volunteer firefighter/EMT with the Enumclaw Fire Department, I will support and comply with the following:

- I understand that it is an honor to be a part of the fire service and I will uphold that honor and I will, on and off duty, conduct myself in a manner becoming of a firefighter/EMT/public servant.
- I will follow all adopted department rules, regulations, policies, safety standards and guidelines.
- I will exercise caution and due regard for the safety of others and myself while responding to, during, and returning from emergency incidents.
- I will perform the duties of volunteer firefighter/EMT in a safe and effective manner.
- I understand there is a considerable time commitment with being a firefighter/EMT and am willing to put forth the effort to be a part of the Enumclaw Fire Department team.
- I will respectfully follow the chain of command.
- I understand that I serve at the will of the Fire Chief and that my volunteer status may be terminated at the sole discretion of the Fire Chief.
- I understand that all equipment issued to me and used by me belongs to the Enumclaw Fire Department and will remain the property of the Enumclaw Fire Department and I will properly care for and handle all equipment issued to me and used by me and return all issued clothing/equipment/items in my possession upon separation from the Enumclaw Fire Department.
- While in uniform, or on-duty, I will be courteous and diplomatic in my dealings with the public and fellow firefighters.
- While in uniform or on-duty, I will not consume or purchase alcohol or recreational/mind altering drugs. Additionally, I will not respond to emergency calls after consuming alcoholic beverages or recreational/mind altering drugs.
- I understand that I may not use any fire department issued identification or badge, except in the line of duty. I understand that Enumclaw Fire/KCFD #28 policy forbids the use of fire department identification or badge as a means of admission to any private or public place or to receive special privileges.
- I understand that any confidential or private information pertaining to fire department activities will not be discussed outside the fire department.

I have read, understand and agree to abide by this agreement.

Name (printed)

Signature

Date



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Driving and Background Check Authorization

I hereby authorize Enumclaw Fire Department/KCFD #28 to obtain background information including but not limited to, criminal history, education and employment and professional licensure/certifications, and driving record. I understand federal and state laws may require release of the results of this background check and any prior background checks in response to public disclosure request or civil discovery. I understand any incomplete or unreadable information may stop or delay processing, and my volunteer employment is contingent upon successful completion and clearance of this background check.

Full Name: _____
Last First Middle

Street Address: _____

City, State, Zip: _____

Date of birth: _____
Month/Day/Year

Male
Female

Driver's License # _____ State and Expiration: _____

I understand I am signing this statement under penalty of perjury. The above information is true and complete to the best of my knowledge. I understand that any false statements made herein could void my consideration for employment or could result in disciplinary action up to and including termination.

By signing this release, I agree to the terms above, and that this release shall continue to be valid throughout the tenure of my position with Enumclaw Fire Department/KCFD #28.

Signature

Date