



ENUMCLAW FIRE DEPARTMENT

1330 Wells Street Enumclaw, WA 98022
Telephone (360) 825-5544 Fax: (253) 856-6541
www.enumclawfire.org – EFD@enumclawfire.org

Compassionately serving our community through a culture of safety and professionalism

Volunteer Program Application Packet

Minimum Requirements

- 18 years of age
- Possess a high school diploma or a GED
- Possess a valid driver license
- Pass a background investigation and driving record review
 - See next page for automatic/potential disqualifiers
- Ability to read and write the English language
- CPAT card, last 12 months (due at time of hire)**

Participation Requirements

- Volunteer Firefighter
 - 5 “blocks” of shift standby per month
 - Monthly mandatory training
- Resident Volunteer Firefighter
 - Live in a resident fire station rent-free
 - 12 “blocks” of shift standby per month
 - Monthly mandatory training

Application and Selection Process

- Keep this and the following page for your records.
- Complete and submit application to our Headquarters Station (41) at 1330 Wells St. Enumclaw, WA 98022
- 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 *you* provide on the completed application.
- We typically review applications every few months or as vacancies occur.
- A program overview/open house may be scheduled for you to visit our department and ask questions about our program.
- Candidate applications that are accepted will be invited to participate in an oral-board interview process
- The Fire Chief may conduct a final interview
- Driving/background investigations will be conducted
- Medical/physical exams will be conducted
- Your application status and next steps will be communicated via email, please keep updated email on file.

**For information on how to obtain a CPAT candidates should contact either Public Safety Testing or National Testing Network. Candidates should consider submission of this application their official notice to obtain a CPAT verification.



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THE FOLLOWING ARE ***AUTOMATIC AND POTENTIAL DISQUALIFIERS***. APPLICANTS SHOULD NOT APPLY TO OUR AGENCY IF THEY INDICATE ANY OF THE AUTOMATIC DISQUALIFIERS. POTENTIAL DISQUALIFIERS WILL BE CONSIDERED ON A CASE BY CASE BASIS.

Driving	Automatic	1 or more traffic crime convictions in last 5 years (DWI, Suspended, Reckless, etc.)
	Automatic	3 or more moving violations in past 3 years.
	Potential	Driving Records that 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 subject to WSP driving record check.
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 conviction will be carefully reviewed.
	Automatic	Been convicted of any crime under a domestic violence statute.
	Automatic	Unlawful sexual misconduct.
	Potential	All members are subject to thorough background investigations prior to membership being offered.
Employment	Automatic	Lied during any stage of the hiring process.
	Automatic	Falsified his or her application, personal history questionnaire, or any other forms during hiring process.



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Volunteer Application

Date Received (office use only)

Instructions

- Complete, electronically or legibly in blue or black ink.
- Follow the directions. Illegible, incomplete or incorrectly completed applications will not be considered.
- 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.
- Sign the last page of the application affirming the information provided is true and correct.
- Attach WA DOL Driving Record to application before submitting application.

What position are you applying for?

Please check one: Volunteer FF/EMT Resident Volunteer FF/EMT

How did you learn of this position?

Please check one: Advertisement Walk-in Friend Relative Other

Do you have an active 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:		

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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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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