



2003 Beaudry Road, Yakima, WA 98901

PHONE: 509.457.8615 FAX: 509.457.0373

VALUED APPLICANT

Thank you for your interest in volunteering with the East Valley Fire Department (EVFD). We offer the opportunity to prepare for and obtain Firefighter and EMT certifications, which will enhance your capability to provide competent service to the East Valley Community. After completing your EVFD application and before submitting, you must complete a Driving Record Release of Interest (last page of packet) and return to the Fire District with your application. Note that two of the pages in your application must be notarized, which can be done with our Fire District Secretary or at Moxee City Hall without cost. You must also show your current, unrestricted Washington State Driver's License (not a copy) and proof of High School Diploma, course transcript or GED. After submitting your application package, you will be invited to attend several Tuesday Drill Nights, where you will be introduced to the Team and get acquainted with the EVFD members and culture. You will also be scheduled for an interview and Physical Agility Test. If you are selected to move on in the process, a background check will be done. All volunteer members will need to have their IFSAC FF1 Certification before being released from probation. Volunteer members are expected to attend on drill nights and required to attend all Academy classes.

VOLUNTEER REIMBURSEMENT

At EVFD we value and appreciate the contributions of our Volunteers and know that your time has value. Volunteers receive their compensation monthly and your probation begins on your hire date and lasts a minimum of one-year.

<u>Shift Block:</u> 4 hour minimum	\$50.00 per block
<u>2 Points:</u> for each Call Response, Training, Special Activities	\$15.00 per point

YOUR PERSONAL COMMITMENT

To remain a member in good standing after you complete the Academy, you must also attend at least 50% of scheduled drills and schedule at least 2 shift blocks per month. Participation is evaluated monthly and allows flexibility for illness, vacation, increased work hours, family emergencies, etc.

During the screening process remember to be relaxed, sincere, and honest. Many of our members have decades of knowledge and experience. Listen, be observant, and ask questions. EVFD will invest in you; you invest your time, effort, and loyalty to the East Valley Community. Again, thank you for your interest and good luck during the selection process.

I have read and understand the information and instructions described within this document.

Signature

Date

Print Name

We look forward to welcoming you as a member of the East Valley Fire Department.



EMPLOYMENT APPLICATION

POSITION APPLYING FOR:	STREET ADDRESS:
NAME: (Last, first and middle initial)	CITY/STATE/ZIP:
DATE OF BIRTH:	VALID DRIVER'S LICENSE NUMBER:
PHONE:	EMAIL:
Have you been convicted of a misdemeanor or felony (other than minor traffic offenses) within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the nature of the crime, date of conviction, and the court in which you were convicted: _____ _____ <p style="text-align: center;"><i>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.</i></p>	

EDUCATION

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

Authenticate your answers by providing proof of diplomas, training, letters of recommendation, certificates, etc.

CERTIFICATIONS/SPECIAL SKILLS/PROFESSIONAL LICENSES HELD: _____

DO YOU CURRENTLY MEET THE MINIMUM QUALIFICATIONS LISTED IN THE POSITION ANNOUNCEMENT THAT YOU ARE APPLYING FOR? Yes No

If no, list the qualification(s) that you do not possess and give a brief explanation: _____

Yakima County Fire District 4 is an equal opportunity employer and does not discriminate against any person on the basis



of race, color, national origin, disability, sex, genetic information, or age in employment decisions.

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) FROM: TO:	HOURS PER WEEK:	LAST HOURLY RATE OR MONTHLY SALARY:	
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) FROM: TO:	HOURS PER WEEK:	LAST HOURLY RATE OR MONTHLY SALARY:	
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) FROM: TO:	HOURS PER WEEK:	LAST HOURLY RATE OR MONTHLY SALARY:	
DUTIES:			
REASON FOR LEAVING:			



Undated, unsigned or incomplete applications will not be accepted

I hereby certify that, to the best of my knowledge, all of the information contained in this Application is true and correct and complete as of the date it is signed. I understand that the information provided herein may be verified and that any answers which are untrue or misleading may be grounds for rejecting this application or for termination if a job offer is extended.

I authorize my current and former employer(s); schools and technical institutions I have attended, to release information as requested to Yakima County Fire District 4 (YCFD4) representatives. Such information may include but is not limited to: information concerning my performance, performance evaluations, work history, attendance records, disciplinary action, any information regarding my employment, and/or scholastic records. I hereby waive any and all claims against you, your current and past employees, elected officials, and agents from any and all claims, damages, or liability arising out of your disclosure of such information to YCFD4.

I understand that as a condition of employment, I must provide acceptable proof of identity and employment eligibility as required by the Immigration Reform and Control Act.

I understand that this application is contingent on receipt of supplemental materials, and that I may be subject to a criminal history and employment reference background checks as a condition of employment.

Signature of Applicant

Date

Received by

Date



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 in 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 on 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.

AGREEMENT FOR REIMBURSEMENT OF TRAINING EXPENSES

WHEREAS, Yakima County Fire District 4 in Yakima, Washington, hereinafter referred to as "YCFD4", incurs substantial expenses in the process of training persons as firefighters and EMS Support.

WHEREAS, the Paid-On-Call Volunteer (undersigned person), referred to hereinafter as "Volunteer" desires to be trained by YCFD4 as a Firefighter or EMS Support; and serve YCFD4 as a Volunteer.

WHEREAS, it is necessary that YCFD4 be reimbursed for said training expenses by any person who is trained by YCFD4, and who thereafter terminates their Volunteer status within two (2) years after the date of commencement of their recruit period.

NOW, THEREFORE, and in consideration of the mutual promises hereinafter set forth, it is hereby agreed by and between the parties hereto as follows:

1. YCFD4 shall provide the applicant with formal firefighter and/or emergency medical technician training which may include but not be limited to the following: Physical Examination, Hepatitis Vaccination, Emergency Medical Technician course, Emergency Vehicle Accident Prevention course, Wild Land Firefighter 2 course, and Recruit school.
2. The Volunteer shall not terminate their service as a Volunteer with YCFD4 at any time within two (2) years after the date of their commencement of service, unless said Volunteer shall reimburse YCFD4 for all training expenses incurred by YCFD4 for said Volunteer. Said expenses are hereinafter referred to as the "reimbursement obligation". The duty to reimburse YCFD4 shall not apply when the Volunteer is terminated by YCFD4, or when the Volunteer must terminate their service due to illness, injury, or special hardship circumstances recognized and approved by the Fire Chief and Board of Commissioners of YCFD4.
3. The reimbursement obligation shall consist of the total, as determined by YCFD4, of all amounts actually spent by YCFD4 for the training of the Volunteer including but not limited to the following:
 - Actual cost of background investigations, physical examination, and any other entrance expenses; plus
 - The cost of mileage paid to the applicant by YCFD4 for their attendance at training courses; plus
 - Any costs of expenses for special size equipment or gear obtained by YCFD4 for the Volunteer; plus
 - Any costs for or relating to any other expenses for training courses or recruit school.



4. The amount of the reimbursement obligation shall be paid to YCFD4 by the Volunteer as follows according to the Volunteer's commencement date of service:

- 0-11 months served by the Volunteer: **100%** of the reimbursement obligation
- 12-23 months served by the Volunteer: **50%** of the reimbursement obligation
- 2 full years served by the Volunteer: **0%** of the reimbursement obligation

Payment Schedule: The total cost will be spread out over 24 months and the first payment (or more) is due on or before the first day of the month following the month during which termination of service occurs. Payments are due on or before the first day of each and every succeeding month thereafter until the entire reimbursement obligation has been paid in full.

- 5. YCFD4 shall have the option to declare the entire reimbursement obligation due and payable in the event that the Volunteer shall fail to make any payment required pursuant to this agreement in a timely manner.
- 6. In addition to the reimbursement obligation as defined above, the Volunteer shall be liable to YCFD4 for any fees or other costs whatsoever incurred by YCFD4 in enforcing any payments due pursuant to this agreement, including but not limited to attorney's fees and costs, filing fees, and prejudgment interest.

POC Volunteer Printed Name

Date

IN WITNESS WHEREOF the undersigned parties have executed this agreement on this _____ day of _____, 20_____.

POC Volunteer's Signature

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

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

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p>_____</p> <p>Date and place signed</p>	<p style="text-align: center;">X</p> <p>_____</p> <p>Authorized representative signature</p>

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
<p style="text-align: center;">X</p> <p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>	