



Kittitas Valley Fire & Rescue

Kittitas County Fire District 2

400 East Mt. View
Ellensburg, WA 98926
509/933-7231 • Fax 509/933-7245

Application for Deputy Fire Chief

NOTE: If you require any special accommodation in filling out this application, please call (509) 933-7231

Date of Application: _____

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Primary Telephone () _____

Are You 18 Years or Older? Yes No

Have you ever been employed by us before? Yes No If Yes, please give dates (year): _____
From To

Relatives Employed by the District: _____

(Having a relative employed by the District will not necessarily bar you from employment)

Relationship: _____

KITTITAS COUNTY FIRE DISTRICT 2 IS AN EQUAL OPPORTUNITY EMPLOYER AND SHALL NOT DISCRIMINATE AGAINST AN EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, OR PHYSICAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU SHOULD NOTIFY THE DISTRICT'S HUMAN RESOURCE MANAGER IMMEDIATELY.

EMPLOYMENT EXPERIENCE

Beginning with your present or most recent employment, list all your work experience for at least the last ten years, including periods of self-employment, volunteer activities, & U.S. military service.

Attach separate sheets if necessary

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

EMPLOYMENT EXPERIENCE CONTINUED

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

EDUCATION

High School:		Address:	
Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
College		Address:	
Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
Technical School		Address:	
Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
Other School/Training		Address:	
Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:

MEDICAL RELATED CERTIFICATIONS

List only current certifications

Certification	Certification Number	Expiration Date	Certifying Agency
CPR-First Aid			
EMT-B			
Paramedic			


WILDLAND CERTIFICATIONS

Please list any and all wildland certifications:

ICS CERTIFICATIONS

Please list any and all ICS certifications:

= G57 79FH = 75 HCBG

Please list any and all  certifications:

588 HCB5 @79FH = 75 HCBG

Please list any  |  •  [] ~  

REFERENCES/BUSINESS AND PERSONAL

- 1. *Name:* _____ *Phone Number:* _____
Address: _____ *Relationship-i.e. friend, co-worker:* _____
- 2. *Name:* _____ *Phone Number:* _____
Address: _____ *Relationship-i.e. friend, co-worker:* _____
- 3. *Name:* _____ *Phone Number:* _____
Address: _____ *Relationship-i.e. friend, co-worker:* _____
- 4. *Name:* _____ *Phone Number:* _____
Address: _____ *Relationship-i.e. friend, co-worker:* _____

DRIVING RECORD

To be completed with application. This does not take the place of a WA State Driving Record which you may be asked to provide.

Name: _____
(Please Print) (Last, First, Middle Initial)

Driver's License State of Issue _____ Driver's License Number _____

Social Security Number _____

List any notices of infraction or traffic citations which you have received in the past 5 years.

If more space is needed, please attach additional sheets of paper

STATE	MONTH/YEAR	TYPE OF INFRACTION

GENERAL INFORMATION

1. Do you have experience with fire codes? Yes No

2. Do you have experience with WSRB? Yes No

3. Do you have experience with fire codes? Yes No

If yes, please explain:

4. Do you have experience with WSRB? Yes No

5. What experience do you have selecting, training and supervising employees?

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee. I recognize that completion of this application does not mean that I will be accepted as an employee and does not obligate Kittitas Valley Fire and Rescue (KVFR) to accept me as an employee. If accepted for employment, I agree to abide by all rules, regulations and policies established by KVFR and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will (unless otherwise notified), which means either KVFR or I can terminate employment for any reason or no reason. This application is not an agreement or contract for employment. If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the duties of my then current position with KVFR.

I understand that I may be required to undergo drug screening tests as a condition of my employment. To comply with this requirement, I consent to providing a sample of my urine other physical samples (such as blood or hair) after I am offered the position and prior to the start date of my position and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by KVFR as a condition of my employment, and I hereby give my consent to the release of all information which KVFR deems necessary to determine my ability to perform the essential duties of my position now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate termination of my employment with KVFR.

I hereby authorize KVFR to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release KVFR and informants from all liability resulting from such inquiries. I waive all right to see or review the information so furnished. I agree to immediately notify (24 hours) KVFR of any instance in which I am arrested or convicted of any felony or misdemeanor.

Applicant's Signature: _____ Date: _____

Printed Name: _____