



RE: TUMWATER VOLUNTEER FIREFIGHTER

Dear Applicant:

Thank you for your interest in serving your community. The requirements for this position are as follows:

1. Live or work within the City of Tumwater;
2. Home or cellular telephone;
3. Eighteen (18) years of age;
4. High school graduate or equivalent;
5. Full time job, or full time student; and
6. Current driver's license

Attached please find: 1) Application for employment
2) Supplemental Questionnaire
3) Records Release Authorization

Please complete these forms and submit them along with your Abstract of Driving Record. Since driving city vehicles may be a part of your job, you are required to obtain an Abstract of Driving Record (ADR) and provide it at the time you turn in your completed application. You may request a copy of your 5-year driving record from the Department of Licensing (nearest offices listed below). The cost is \$10.00. You will need to request this information in person and they will print it out for you while you wait.

The nearest licensing offices are:

- * 1125 Washington St., First Floor Highway/Licensing Building
- * 645 Woodland Sq Loop SE Turn at First Community Bank off of College Street in Lacey

You may drop off your completed application at the headquarters fire station at 311 Israel Road between 8:00 a.m. and 5:00 p.m., or, you may mail it to the Tumwater Fire Department at 555 Israel Road SW, Tumwater WA 98501.

Thank you for your interest in becoming a volunteer with the City of Tumwater Fire Department. If you have any questions regarding the application process, please feel free to call me at 754-4170.

Sincerely,

DENNY PEACE
Secretary

Attachments

TUMWATER CITY HALL
555 ISRAEL ROAD SW
TUMWATER, WA 98501-6558
www.ci.tumwater.wa.us
360/754-5855
FAX: 360/754-4126

**ADMINISTRATION
DEPARTMENT**
CITY ADMINISTRATOR
MAYOR AND COUNCIL
360/754-4120

**DEVELOPMENT SERVICES
DEPARTMENT**
BUILDING PERMITS
ZONING & ENGINEERING
360/754-4180

BUILDING INSPECTION
REQUEST LINE
360/754-4189

FINANCE DEPARTMENT
CITY CLERK
INFORMATION SERVICES
360/754-4130
FAX: 360/754-4138

MUNICIPAL COURT
360/754-4190

FIRE DEPARTMENT
360/754-4170
FAX: 360/754-4179

**HUMAN RESOURCES
DEPARTMENT**
360/754-4122
JOB LINE: 360/754-4129

LEGAL DEPARTMENT
CITY ATTORNEY
PROSECUTION SERVICES
360/754-4121

**PARKS & RECREATION
DEPARTMENT**
360/754-4160
FAX: 360/754-4166

MUNICIPAL GOLF COURSE
4611 TUMWATER VALLEY DR SE
TUMWATER, WA 98501
360/943-9500
FAX: 360/943-4378

OLD TOWN CENTER
215 N. 2ND STREET SW
TUMWATER, WA 98512
360/754-4164
FAX: 360/754-2063

**PLANNING & FACILITIES
DEPARTMENT**
LONG RANGE PLANNING
BUILDINGS & GROUNDS
HISTORIC PROGRAMS
360/754-4210
FAX: 360/754-4142

POLICE DEPARTMENT
360/754-4200
FAX: 360/754-4198

PUBLIC WORKS DEPARTMENT
ENGINEERING
360/754-4140
FAX: 360/754-4142

OPERATIONS &
MAINTENANCE
360/754-4150



VOLUNTEER FIREFIGHTER APPLICATION

Tumwater Fire Department
Mailing Address: 555 Israel Road SW
Tumwater, WA 98501
360-754-4132
<http://www.tumwater.wa.us>

DO NOT WRITE IN THIS SPACE
Written Score _____
Typing Score _____
Overall Ranking: No. ___ of ___

In compliance with federal and state laws and equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, creed, color, national origin, sex, disability, sexual orientation, or age.

1. **PLEASE PRINT OR TYPE.** Answer each question completely. A resume may be attached for information, but should not take the place of the completed application form. Notify the human resources office immediately of any change in your telephone number or address. If you feel you will need assistance or accommodation to participate in the selection process, you must notify the human resources office in advance.
2. Applications will be screened and interviews set up by the human resources office. Persons selected for interviews will be called or otherwise notified. Formal notification will be sent to unsuccessful applicants.

POSITION APPLIED FOR: _____			
DEPARTMENT: _____		DATE: _____	
NAME: _____		SOCIAL SECURITY #: _____	
Last	First	Middle	(Optional before hire)
ADDRESS: _____			
Street	City	State	ZIP
HOME OR MESSAGE TELEPHONE: _____		BUSINESS TELEPHONE _____	
Are you legally eligible for employment in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>		(If yes, verification will be required.)	
Are you of the legal age to work? Yes <input type="checkbox"/> No <input type="checkbox"/>			

RECORD OF EDUCATION

Circle highest grade completed: 8 9 10 11 12 GED 13 14 15 16 17 18 18+

TYPE OF SCHOOL	SCHOOL AND LOCATION	COURSE OF STUDY	DEGREE
HIGH SCHOOL OR GED			
BUSINESS OR TECHNICAL			
UNDERGRADUATE STUDIES			
GRADUATE STUDIES			
OTHER COURSES AND TRAINING			

LIST ANY SPECIAL LICENSES OR CERTIFICATES YOU HOLD WHICH ARE NECESSARY, USEFUL OR REQUIRED IN THIS POSITION. GIVE KIND OF LICENSE, ISSUING STATE AND EXPIRATION DATE.

Have you been convicted of a misdemeanor or felony within the last 10 years that would tend to have a direct bearing on this position? Yes No If yes, please explain: _____

Have you received any traffic citations in the last 7 years? Yes No If yes, please explain: _____

NOTE: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job. Traffic citations may have bearing on your insurability with the City's insurance carrier.

How did you learn of position opening? Please identify source:			
_____	_____	_____	_____
Newspaper (Name)	Magazine/Journal (Name)	Job Posting (Where Seen)	Friend or other

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT
 Be sure to include any non-paid experience which is related to the job for which you are applying. If additional space is required, attach a separate sheet.

Title of position	From		To		Weekly Starting Salary	Weekly Last Salary	Hrs. per week	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Name and Address of Company and Type of Business									
	Describe the work you did:								
Telephone									

Title of position	From		To		Weekly Starting Salary	Weekly Last Salary	Hrs. per week	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Name and Address of Company and Type of Business									
	Describe the work you did:								
Telephone									

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Name and Address of Company and Type of Business									
	Describe the work you did:								
Telephone									

Title of position	From		To		Weekly Starting Salary	Weekly Last Salary	Hrs. per week	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Name and Address of Company and Type of Business									
	Describe the work you did:								
Telephone									

MILITARY SERVICE RECORD

Were you in the US Armed Forces? Yes No If yes, what branch: _____

What was your occupational specialty? _____

I understand that misrepresentation in any of my answers or statements will result in cancellation of my application, or, if employed, will be cause for dismissal.

I authorize all previous employers to furnish the City of Tumwater, Fire Department, my record, reason for leaving and all information they may have concerning me and I hereby release them and the City of Tumwater, Fire Department from all liability or any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

Signature: _____ Date: _____

The Tumwater Fire Department is a smoke-free/drug-free work environment

SUPPLEMENTAL QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS. USE THE BACK OF THIS PAPER IF MORE ROOM IS NEEDED.

1. Describe any first aid or firefighting experience or training you have had?

2. Why do you want to be a volunteer firefighter?

Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-838, each person who has been offered a position as a volunteer or employee, and in which position the person may have unsupervised access to children under sixteen years of age, to be developmentally disabled persons, or to vulnerable adults, are required to disclose the following information:

1.	<p>Have you ever been convicted of any crime against children or other persons*?</p> <p><i>* Crimes against children or other persons means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult*?</p> <p><i>* Crimes relating to financial exploitation means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>Have you been found by a court in a domestic relations proceeding under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>Have you been convicted of crimes related to drugs as defined in RCW 43.43.830**?</p> <p><i>** Crimes relating to drugs mean a conviction of or crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If the answer is Yes to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:</p>

The City of Tumwater shall make an inquiry to the Washington State Patrol regarding an applicant's/volunteer's conviction record, disciplinary board final decision, or civil adjudication record. Applicants/volunteers will be notified of the State Patrol's response within ten working days of receipt of this information by the City of Tumwater. A copy of the response will be made available to the applicant/volunteer, upon request by the applicant/volunteer. The results of this inquiry are valid two years from issuance.

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, that I understand the requirements, and I grant permission to the City of Tumwater to make an inquiry to the Washington State Patrol under the provisions of this law. Pursuant to RCW 9A.72.085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

APPLICANT/VOLUNTEER OF INQUIRY (TO BE COMPLETED BY APPLICANT/VOLUNTEER)

Applicant's/Volunteer's Name: _____
Last First Middle

Alias/Maiden Name: _____ Date of Birth: _____
Month/Day/Year

Sex: Male Female Driver's License Number/State _____ / _____

Race: _____ Hair Color: _____ Eye Color: _____ Height: _____

Social Security Number: _____

FOR CITY OF TUMWATER USE ONLY: