

Excellence in Customer Service



EFD

VOLUNTEER APPLICATION

FIREFIGHTER

FIRE CORPS

CADET



EPHRATA FIRE DEPARTMENT

Thank you for your interest in becoming an Ephrata Volunteer Firefighter, Fire Corps of Cadet member.

The Ephrata Fire Department seeks the volunteer talents of hard working, customer service minded men and women from our community to provide a wide range of fire suppression, rescue, minor hazardous materials assistance and public education to the greater-Ephrata area.

Our application process is multi-phased, consisting of this written application, criminal background check, written examination, physician's wellness screening, physical ability test, and oral interview board.

Upon successful completion all phases of the application process, you will be a Probationary Firefighter. Failure to show interest by participating in Ephrata Fire Department training and activities during your probation period will result in your dismissal.

Training sessions are held every Wednesday evening at 7 PM. The second Wednesday of each month are a business and safety meeting. You are encouraged to attend and participate as much as possible.

Volunteer Firefighter candidates will not receive a pager nor be allowed to respond to alarms prior to completing the required firefighter recruit training. These recruit classes are dependent on a certain number of trainees, and occur on an as-needed basis.

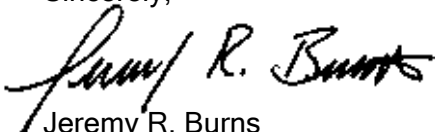
Depending on their area of interest, Fire Corps personnel will be required to complete initial training specific to their job.

Please note that you must live within the Ephrata city limits or reasonable drive time to the Fire Station.

Please read the application carefully and attach all requested information. Return the completed application to the Ephrata Fire Department, 800 A St SE, Ephrata. Faxed applications will not be accepted.

Again, thank you for your interest. Should you have any questions, please contact the Ephrata Fire Station at 754-4666.

Sincerely,


Jeremy R. Burns
Fire Chief



EPHRATA FIRE DEPARTMENT

VOLUNTEER APPLICATION

Please read all instructions carefully. Fill in all forms completely and legibly.
Failure to provide all information requested may delay the application process.
All information provided will be held in the strictest of confidence.

POSITION APPLYING FOR

 VOLUNTEER FIREFIGHTER FIRE CORPS CADET

PERSONAL INFORMATION

NAME (Last, First, MI)	DOB
ADDRESS	SSN
CITY, STATE, ZIP	PHONE

ADDITIONAL CONTACT INFORMATION

WORK PHONE	EMAIL ADDRESS
PAGER	CELLULAR PHONE

EMERGENCY CONTACT

NAME	RELATIONSHIP
ADDRESS	PHONE

WASHINGTON STATE DRIVER'S LICENSE

NUMBER	EXPIRATION
ENDORSEMENTS	RESTRICTIONS

PREVIOUS FIREFIGHTING or EMERGENCY MEDICAL SERVICES EXPERIENCE

HAVE YOU EVER BEEN AN APPLICANT, MEMBER, OR EMPLOYEE OF THE EPHRATA FIRE DEPARTMENT OR ANY OTHER FIRE/EMS AGENCY? Yes No

IF YES, PLEASE ATTACH INFORMATION ON AN ADDITIONAL PAGE.

ARMED FORCES EXPERIENCE

BRANCH	RANK
TYPE OF DISCHARGE & DATE	SERVICE DATES

SPECIAL ACCOMODATION

DO YOU HAVE ANY PHYSICAL, SENSORY, OR MENTAL LIMITATIONS WHICH WOULD PREVENT YOU FROM PERORMING THE FUNCTIONS OF A VOLUNTEER FIREFIGHTER? Yes No

If Yes, please explain _____

CRIMINAL RECORD

DURING THE PAST SEVEN YEARS HAVE YOU BEEN CONVICTED OF ANY CRIME? Yes No

If Yes, attach detailed information and disposition of case

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? Yes No

IF YES, YEAR AND SCHOOL AND LOCATION

IF NO, CIRCLE HIGHEST GRADE COMPLETED

GED COMPLETED? YEAR & LOCATION

10 11 12

ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)

Name of School	City/State	Dates Attended	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS TRAINING

ENTER BELOW ALL FIREFIGHTER, EMS, OR OTHER APPLICABLE TRAINING (Use extra page if necessary)

Type of Certification	Date Received	Expiration	Jurisdiction in which received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

PLEASE PROVIDE 3 PERSONAL REFERENCES

The Ephrata Fire Department will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your education, work experience, character, and/or community service involvement.

NAME	TELEPHONE NUMBER	OCCUPATION/TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHORT ESSAY

On a separate sheet of paper, please indicate why you wish to join the Ephrata Fire Department.

ATTACHMENTS

Please attach to the back of this application photocopies of the following:

- Your Driver's License
- Your Social Security Card
- Any Certification Cards or Certificates
- Your 5 Year Driving History Abstract (available at the D.O.L.)
- Any other requested information

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge and ability. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer may result in rejection of this application or dismissal from the department. I authorize Ephrata Fire Department (EFD) representatives to contact by telephone or personal interview or in writing the persons listed as references on this application and to confidentially gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for probationary membership by the Ephrata Fire Department, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community we serve, and I release the references contacted and EFD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded.

Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING ADDITIONAL FORMS



**EPHRATA FIRE DEPARTMENT
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 through 43.43.845**

Information Request Release form for:
EPHRATA FIRE DEPARTMENT
ATTN: CHIEF JEREMY R. BURNS
800 A ST SE
EPHRATA WA 98823-2200

APPLICANT OF INQUIRY

Applicant's Name _____
Last First Middle

Alias/Maiden Name _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number: _____ Driver's License #/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

CRIMES AGAINST PERSONS: Murder; Kidnapping; Assault; Assault of a child; Custodial assault; Harassment; Stalking; Reckless endangerment; Coercion; Rape; Rape of a child; Robbery; First degree arson; First degree burglary; Residential burglary; Manslaughter; Extortion; Indecent liberties; Incest; Vehicular homicide; Vehicular assault; Promoting prostitution; Communication with a minor for unlawful purposes; Unlawful imprisonment; Sexual exploitation of minors; Criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; Custodial interference; Child molestation; Sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Violation of child abuse restraining order; Child buying or selling; Prostitution; Felony indecent exposure; etc.

CRIMES AGAINST PROPERTY: Theft of money; Auto theft; Fraud; Perjury; Second degree burglary; Vehicle prowling; Possession of stolen property; Criminal trespass; Arson; etc.

DRUG-RELATED CRIMES: 'Crimes relating to drugs' means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Applicant _____ Date _____

----- **APPLICANT: DO NOT WRITE BELOW THIS LINE** -----

I certify this request is made pursuant to and for the purpose of obtaining information allowed to employers by the above cited RCW and that this information will be used only for making the decision to hire or allow the applicant to act as a Ephrata Fire Department volunteer, and for no other purpose. If the information supplied below is insufficient to confirm applicant's identity, applicant will be supplied another release form for a more detailed records check.

Jeremy R. Burns, Fire Chief

