



Volunteer Application

Maple Valley Fire and Life Safety
23775 SE 264th Street, Maple Valley WA 98038
(206) 296-4343 (425) 432-0200

PERSONAL

An incomplete application may delay or disqualify you. Do not use pencil to complete application.

Name: _____
Last First MI

Street Address _____

City State Zip Code

Home Phone Daytime Phone Message Phone

Email Address Social Security Number

Emergency Contact: _____
Name Phone Relationship

Mailing Address (If different from your street address)

Name MI Last

Address City State Zip Code

Date of Birth: ____ / ____ / ____

U. S. Citizen: yes no Work Permit: yes no Can you show proof?: yes no

Valid Washington State Driver's License Number: _____ Expiration _____

Will you be 18 years or older by date of orientation? yes no

Are you a Certified EMT? yes no If yes, expiration date: _____

I will require special accommodation for the testing process: yes no

Do you claim Veteran's Preference? yes no Attach DD214, proof of service is required

EDUCATION/ TRAINING

Type of Schooling	School & Location	Date(s) of Enrollment	Major Course	Degree/ Date
High School or GED				
Business or Tech				
Graduate Studies				
Other Courses and Training				
Military				

EDUCATION/ TRAINING Continued

Training / Certificates: _____

Special Skills / Professional Licenses: _____

List office equipment you can operate: _____

List heavy equipment or machinery you can operate: _____

WORK HISTORY

Please read carefully: Resumes will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment and U.S. Military service. Attach separate sheets if necessary

From (month & year)	Company Name	Your Position/ Title		
To (month & year)	City	Type of Company		
Salary	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number
	Part Time <input type="checkbox"/>				

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number
	Part Time <input type="checkbox"/>				

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time <input type="checkbox"/>	Supervisor's Name/Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number
	Part Time <input type="checkbox"/>				

Duties: _____

Reason for leaving: _____

PROFESSIONAL/PERSONAL REFERENCES

List professional references that have known you for 3 years or more:

Name	Address	Daytime Phone Number
------	---------	----------------------

Name	Address	Daytime Phone Number
------	---------	----------------------

Name	Address	Daytime Phone Number
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Name	Address	Daytime Phone Number
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THE FOLLOWING MUST BE COMPLETED

Have you been convicted of a crime or incarcerated within the last 7 years? (Do not include non-criminal traffic citations)

- Yes
- NO

If the answer is "yes" please give the nature of the crime, dates of convictions and the court in which you were convicted:

AGREEMENT, CERTIFICATION and AUTHORIZATION

This statement must not be altered.

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration of, and if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish my record, reason for leaving and all information they may have concerning me to Maple Valley Fire and Life Safety. I hereby release any such current or former employers or institutions, their agents or employees and the above listed jurisdictions from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

NOTICE: If selected you will be required to verify you are legally eligible to work in the United States prior to appointment (P.L. 99-630: U.S. Immigration Reform and Control Act of 1986)

Signature of Applicant

Date

DRIVING RECORD

To be completed by applicant for the positions when operation of motor vehicles is a regular part of the job duties.

Name

Date of Birth

Social Security Number

Driver's License Number

Expiration Date

State of Issue

List any notices of infractions or traffic citations you have received in the past 5 years:

State	Month / Year	Type of Infraction

Infractions or citations will not necessarily remove you from consideration, but Maple Valley Fire and Life Safety will consider your driving record and insurability when making employment decisions.

DRIVING RECORD GUIDELINES

Records of all staff will be checked on an annual basis. Decisions will be made based on the previous three years. Any total in excess of 6 points is grounds for disciplinary action or dismissal. (Policy 40)

8 points

- Negligent homicide
- *DUI with or without accident
(*DUI – is either alcohol or drugs)
- Hit and run – attended
- Reckless driving
- Revocation of License
- Denial of License
- Using a motor vehicle in the commission of a felony.

6 points

- Negligent with accident
- DWLS (Driving while license suspended)
- Hit and Run - unattended

Speed

- 01-10 over the limit 2 points
- 11-20 over the limit 4 points
- 21-25 over the limit 5 points
- 26+ over the limit 7 points

4 points

- Negligent driving with no accident.

Other moving violations not described above with accident equals 4 points.
Other moving violations not described above without accident equals 2 points.

Waiver and Release of Driving Record

I, the undersigned applicant for employment with Maple Valley Fire & Life Safety, hereby authorize the release of both my individual and my employee driving record, as defined by RCW 46.52.120 and 46.52.130 by the Department of Licensing,

and my criminal record to Maple Valley Fire and Life Safety. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If Maple Valley Fire and Life Safety select me as a career or volunteer member, this release shall continue to be valid throughout the tenure of my participation with this jurisdiction. A photocopy may be accepted in lieu of the original.

Print Name

Signature

Date

OPTIONAL MEDICAL INFORMATION (IF APPLICABLE)

For your safety, and the safety of others, service as a firefighter and participation in the firefighter selection process is not recommended, if you have any of the diseases listed below.

Please check any and all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Disabilities whereby your full | <input type="checkbox"/> Kidney or Urinary trouble |
| <input type="checkbox"/> Physical capacities are limited | <input type="checkbox"/> Hearing defects |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Nervous System trouble |
| <input type="checkbox"/> Tuberculosis or any Lung Disease | <input type="checkbox"/> Vision defects |
| <input type="checkbox"/> Back trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Piles | <input type="checkbox"/> Mental disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Allergies, such as: | <input type="checkbox"/> Rheumatism or Arthritis |
| <input type="checkbox"/> Asthma / Hay Fever / Eczema | |

You are strongly urged to obtain a medical release from your doctor, if you marked yes to one or more of the above diseases or conditions.

Doctor's Release

I am aware of the physical condition of _____, and
Patient's Name
have reviewed the activities required of a firefighter and the selection process. There is no medical reason that this patient cannot perform the activities required.

Physician's Signature

Date

Print Physician's Name

Phone Number

FIREFIGHTER FITNESS EVALUATION

Firefighter Fitness Evaluation will be conducted through the Exercise Science Center (ESC #253-564-6050) in Fircrest, Washington. An individual may contact the ESC to go through the process at his/her own expense prior to an assigned evaluation by the department. Individuals that have passed the ECS evaluation shall still be required to go through the evaluation process when assigned to do so by the department and its hiring process.

The following lists represent the physically demanding tasks performed by firefighters. This list should give you an idea of what the evaluation will consist of and how it will be performed. This list shall not limit the evaluating agency from changing, modifying, adding or deleting tasks from the evaluation.

Task	Objective	Required Force		
Hoisting	Extended fly	62 lbs.	to	72 lbs.
Lifting from the ground	End of stretcher	60 lbs.	to	110 lbs.
	Jaws of life	46 lbs.	to	74 lbs.
Lifting to shoulders	Ladders	62 lbs.	to	76 lbs.
	Skid loads	54 lbs.	to	64 lbs.
Lifting above shoulders	Raising ladder	31 lbs.	to	49 lbs.
	Hanging fan	55 lbs.	to	70 lbs.
Pulling	Charged 2 ½ hose	50 lbs.	to	90 lbs.

Strength Test

The strength test battery consists of five measures: (1) chin-ups, (2) modified row with, (3) squats, (4) military press, and (5) modified lat pull downs.

CHIN-UPS: This item provides an index of the persons upper body strength in relation to their weight. It is important in climbing activities, those where one may have to support their weight with their arms alone, and in surmounting a wall or raising one's self into an attic.

MODIFIED ROW: This item will measure the individual's ability for lifting items from approximately knee to shoulder height. The arms and shoulders are the prime movers with some involvement of the back. This is a common lifting technique when moving a ladder or skid load to the shoulder for carrying.

SQUATS: This action is important in all lifting from the ground (i.e. floor to knuckle height in ergonomics terminology). This action is seen in the initial lifting of a stretcher, ladder and all actions of raising from a squat position to standing erect while in full protective clothing.

MILITARY PRESS: This is a two-arm barbell lift, starting with the hands at shoulder height and the arms are extended to full-reach overhead. The person is seated to isolate the arm/shoulder action. Lifting above shoulder height is involved in several tasks confronted by firefighters; most notably raising ladders, re-stowing equipment on the apparatus, an in hanging a smoke ejector. This item is indicative of the person's ability for all of those functions.

MODIFIED LAT PULL: The action in this test is similar to hoisting (i.e. "extending the fly") except that both arms pull down together. The individual while seated, to avoid having body weight effect the lift, pulls down on a cable connected over a single pulley to raise the mass. The hands move from full reach overhead to a position just in front of the sternum. While not simulating exactly the movement of hoisting, the capacities of the requisite muscles are evaluated in a standardized fashion.

Maple Valley Fire and Life Safety
22225 SE 231st Street
Maple Valley, Washington 98038



Release and Waiver

To Whom It May Concern:

I hereby authorize any Chief Officer or other authorized representative of Maple Valley Fire and Life Safety (King County Fire Protection District 43) bearing this release, or a copy of it, within one year of it's date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including, but not limited to documents concerning my arrest and conviction history, credit history, or education, academic achievement, attendance, athletics, medical, psychological, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, regardless of whether the information released may be derogatory in nature, **including any files which are deemed to be confidential, and/or sealed.**

I hereby direct you to release this information upon request of the bearer, regardless of any agreement I may have made with you previously to the contrary. This release is executed with full knowledge and understanding that the information is for official use of and by Maple Valley Fire and Life Safety. I authorize Maple Valley Fire and Life Safety to read, review, or photocopy any documents as needed to complete their review.

Consent is granted for Maple Valley Fire and Life Safety to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the investigation report prepared by Maple Valley Fire and Life Safety.

I hereby release you, as my employer, former employer, or representative of either of them and any schools, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, legal firm, medical institution, law enforcement agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Full Name – Signature

Full Name – Print

Current Address – Street

City

State

Zip Code

(_____)_____

(_____)_____

Day Phone Number

Evening Phone Number