

Date Received: _____



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

Volunteer Application

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 _____

Phone Number _____ Alternate Phone _____

Email Address _____ Social Security Number _____

Emergency Contact: _____
Name Phone Relationship

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: _____
Certified in what State: _____ if WA what county: _____

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				
College				
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	
Part Time <input type="checkbox"/>	Full 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	
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	
Part Time <input type="checkbox"/>	Full 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	
Part Time <input type="checkbox"/>	Full 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: _____

PROFESSIONAL/PERSONAL REFERENCES

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

Name	Phone	Years Known
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Name	Phone	Years Known
------	-------	-------------

Name	Phone	Years Known
------	-------	-------------

Name	Phone	Years Known
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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 _____

FITNESS EVALUATION

The following lists represent the physically demanding tasks performed. 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.

Upright Row 45 lbs	Arm Curl 35 lbs	Stair Climb Timed w/ 2x20 lbs	POINTS	
<11	<11	<200 secs	0	
11	11	190	54	Minimum level
		180	55	
		170	56	
12	12	160	58	
		155	59	
13	13	150	60	Avg. Passing Score
14	14	145	66	
15	15	140	68	
16	16	135	69	
17	17	130	70	
18		125	72	
19	18	120	75	
20	19	115	76	
21	20	110	78	
22	21	105	80	
23	22	100	82	
24	23	95	84	
25	24	90	86	
26	25	85	87	
27	26	80	89	
30	27	75	91	Total Score=
31	28	70	93	
32	29	65	95	
33	30	60	97	Pass / Fail
34	31	55	100	

Passing is a total of 180 points or an average of about 60 points per exercise. Failure of one exercise can be made up on the others.

Upright Row - Standing, straight posture, with feet shoulder width apart, arms straight and holding bar. Lifting the bar to chest level with elbows higher than your wrists, and back to a straight arm position.

Arm Curl - Standing, straight posture, with back against a wall, underhand grip. Using an EZ curl barbell with arms straight down at your sides, bring bar to chest level and back down, do not allow body to swing.

Stair Climb - While carrying two 20 lb dumbbells the candidate will climb three flights of steps in the hose tower, about 24 steps, and return to ground floor. Candidate will do this five times without dropping dumbbells or touching railing for approximately 120 steps.

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

Address – Street City State Zip Code

(_____) (_____)_____
Phone Number Alternate Phone Number