



MAPLE VALLEY RESERVE Application Checklist

Name: _____

EMT or Pending EMT
Completion date: _____

FF1 or Pending FF1
Completion date: _____

Live-In

OFFICE USE ONLY

Residence: _____

Date Received: _____
Received By: _____

High School: _____ Year: _____

EMT Cert Location: _____ Year: _____

Higher Education: _____

Duration: _____

Additional Certifications: _____

Employment History:

Other: _____



Reserve Firefighter 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

Emergency Contact:

Name	Phone	Relationship
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Are you over 18 years of age: Yes No

U. S. Citizen: Yes No Can you provide proof? Yes No

If No, Work Permit: Yes No Can you provide proof? Yes No

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

Are you a Certified EMT? Yes No

If Yes, expiration date: _____ State of certification: _____ County: _____

Do you have IFSAC Firefighter I Certification? Yes No

I am interested in residing in an outlining volunteer station*? Yes No

*Living in a station requires a one year commitment and entails living in a station as your primary residence. Live-in Reserves get a bunk area assigned solely to them during the duration that they choose to be in the program and are expected to be in the station most nights, even those that do not fall on their shift. Shift Reserves get a "duty bunk" only while on shift.

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
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 & VOLUNTEER 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: _____

REFERENCES

List references that have known you for 3 years or more, professional references preferred.

Name	Email	Phone	Years Known

BACKGROUND CHECK

Can you pass a background check? Yes No
(Hiring is subject to background verification, including felony conviction)

AGREEMENT, CERTIFICATION & AUTHORIZATION

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 or if selected, 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 and listed references 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 _____

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 selection decisions.

DRIVING RECORD GUIDELINES

Decisions will be made based on the previous 5 years. Any total in excess of 6 points may be grounds for disqualification.

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 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 selects me as a career or Reserve, 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 _____



Release and Waiver

To Whom It May Concern:

I hereby authorize any 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.

Full Name – Print Full Name – Signature

Address – Street City State Zip Code

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