



## PART-TIME FIREFIGHTER/EMT



### Duties:

- Work includes responding to and dealing with emergent situations and natural conditions that pose a threat to life and property.
- Part time Firefighters perform duties in the following areas: Maintenance, inspections, record keeping, testing, and minor repairs of fire hydrants, apparatus and equipment, and fire facilities and equipment, fire prevention programs (code enforcement, public education, public relations, and fire investigations); training activities and skill maintenance, and maintenance of quarters in accordance with department policies and procedures.
- Firefighters work under the direction of a commanding officer.

### Essential Function of the Job:

- perform hazardous tasks for long periods of time in emergency conditions of high stress; strenuous physical exertion under such conditions as heights, wet and/or cramped surroundings, hot smoky environments and limited visibility.
- Drive, operate, and maintain fire department equipment and apparatus.
- Drive or ride in fire department apparatus to alarms, place equipment, lay and connect hoses and nozzles, raise and climb ladders, use chemical extinguishers and agents along with other tools and equipment as required.
- Search and remove persons from danger and administer emergency medical aid as required. Respond to and administer emergency medical aid to the sick or injured.
- Participate in drills and attend classes on firefighting, emergency medical, maintenance, administration, disaster control, and other required classes.
- Assist in instructing others during drills and classes. Receive emergency alarms; operate radios and other communications equipment under routine and emergency conditions.
- Complete and maintain paperwork, records and forms for inspections and code enforcement and other paperwork as directed.
- Carry out routine maintenance and inspection, and minor repair of apparatus, equipment and facilities.
- Test pumper, hose, ladders and other equipment as required. Assist in providing public education classes, station tours, and fire prevention inspections.
- Maintain quarters and personal appearance as directed by department policy and procedures.
- Other duties that may be required from time to time by the Fire Chief or his/her designee.

### **Minimum qualification for Part time Firefighters:**

- ◆ You must have a high school diploma, GED or equivalent.
- ◆ You must be 18 years of age.
- ◆ You must in good physical condition, and able to pass physical agility test.
- ◆ You must be able to pass a background investigation prior to being hired.
- ◆ You must have no prior relevant criminal history.
- ◆ You must have a valid Washington State driver's license and an acceptable driver's record for insurance purpose.
- ◆ You must currently hold certification as an EMT
- ◆ You must have Firefighter 1 Certificate
- ◆ You must be able to pass a drug screening test.
- ◆ Full Vaccination for Covid-19 (per state mandate)

### **Hours of Work:**

- 12/24 hour Shifts.
  - AM 12 hour shifts start at 0600 and end at 1800.
  - PM 12 hour shifts start at 1800 and end at 0600.
- Part time employees may only work a maximum of 129 hours per month.

### **Pay Rate:**

Currently the rate of pay is \$16.00 per hours worked.

### **Benefits:**

This is a non-union position and the only benefit currently allowed by the City:

- Enrollment into the States PERS (2/3) retirement system.
- Sick Leave (FMLA)

### **Physical Requirements:**

- Requires ability to perform the physical activities at fire, emergency medical and disasters scenes, for a long period of time, requiring sustained physical activities and intense concentration.
- Requires manual dexterity and visual acuity to operate a variety of fire department equipment.
- Requires ability to climb stairs and ladders, to be on one's feet for a long period of time, to move heavy objects weighing 60 lbs or more for distances of more than 20 feet, and to work safely with presenting a direct threat to self or others. Requires frequent pulling of 80 lbs or more, repeated bending or stooping over time, and use of protective clothing, including self contained breathing apparatus.



## SEDRO-WOOLLEY FIRE DEPARTMENT

Frank Wagner - Chief  
Jerry Gardner, Jr. - Asst Chief Training  
Glen Gardner - Asst Chief Ops/EMS

325 Metcalf Street  
Sedro-Woolley, WA 98284  
Phone (360) 855-2252

### CITY OF SEDRO-WOOLLEY

#### **REFERENCE AND BACKGROUND INFORMATION RELEASE**

I, \_\_\_\_\_, hereby, authorize the City of Sedro-Woolley to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information.

I authorize all previous employers to furnish the City with any and all such information as described above that they might have regarding my employment and reason for leaving.

I release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I understand that a copy of this release may be provided to previous employers and references.

If employed, I release the City from any liability for future references the City provides regarding my work history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Copy to:

\_\_\_\_\_  
Employer/Reference Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**NOTE TO DEPARTMENT:**

Please make a copy of release sent to any reference.  
Attach original and copies to job application



## CITY OF SEDRO-WOOLLEY PERSONAL HISTORY STATEMENT



### POSITION(S) APPLIED FOR:

- ☐ Part-Time Firefighter

### PERSONAL

The following information is required of you for verification and contact purposes: (Please Print or Type)

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS (current): \_\_\_\_\_  
Number Street City State Zip

PHONE NO. (Day): \_\_\_\_\_ PHONE NO. (Night): \_\_\_\_\_

EMAIL FOR CONTACT: \_\_\_\_\_

HOURS YOU CAN BE REACHED: \_\_\_\_\_  
(Day) (Night)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month Day Year

City regulations require employees to be U.S. Citizens. You must provide such documentation.

SOCIAL SECURITY NO. \_\_\_\_\_ In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

IDENTIFICATION PURPOSES: \_\_\_\_\_  
Height Weight Hair Color Eye Color

### PRESENT OR LAST FIRE DEPARTMENT YOU WERE WITH:

DEPARTMENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number/Street City State Zip

NAME OF SUPERVISOR: \_\_\_\_\_

DEPARTMENT PHONE NO. \_\_\_\_\_

PAID OR VOLUNTEER DEPARTMENT: \_\_\_\_\_

## EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 5 years. (For the purposes of this personal history statement, voluntary work would be included as employment.) For identification and verification, indicate the nature of the activity, i.e., fulltime, part-time, or voluntary. If you have had intervening periods of military service or unemployment, list those periods in sequence in the spaces provide.

| Dates of Employment   | Name/Address/Phone No. of Employer | Name of Supervisor |
|---|------------------------------------|--------------------|
| From      To<br>Mo Yr    Mo Yr<br>____/____/____<br><input type="radio"/> Full-Time<br><input type="radio"/> Part-Time<br><input type="radio"/> Voluntary | _____                              | _____              |

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

\_\_\_\_\_  
Reason for leaving

| Dates of Employment   | Name/Address/Phone No. of Employer | Name of Supervisor |
|---|------------------------------------|--------------------|
| From      To<br>Mo Yr    Mo Yr<br>____/____/____<br><input type="radio"/> Full-Time<br><input type="radio"/> Part-Time<br><input type="radio"/> Voluntary | _____                              | _____              |

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

\_\_\_\_\_  
Reason for leaving

| Dates of Employment   | Name/Address/Phone No. of Employer | Name of Supervisor |
|---|------------------------------------|--------------------|
| From      To<br>Mo Yr    Mo Yr<br>____/____/____<br><input type="radio"/> Full-Time<br><input type="radio"/> Part-Time<br><input type="radio"/> Voluntary | _____                              | _____              |

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

\_\_\_\_\_  
Reason for leaving



EXPERIENCE AND EMPLOYMENT – Continued

Dates of Employment

From To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Full-Time  
☐ Part-Time  
☐ Voluntary

Name/Address/Phone No. of Employer

Name of Supervisor

Title or duties (for identification purposes)

Name(s) of co-worker(s)

Reason for leaving

Dates of Employment

From To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Full-Time  
☐ Part-Time  
☐ Voluntary

Name/Address/Phone No. of Employer

Name of Supervisor

Title or duties (for identification purposes)

Name(s) of co-worker(s)

Reason for leaving

Dates of Employment

From To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Full-Time  
☐ Part-Time  
☐ Voluntary

Name/Address/Phone No. of Employer

Name of Supervisor

Title or duties (for identification purposes)

Name(s) of co-worker(s)

Reason for leaving

## EXPERIENCE AND EMPLOYMENT – Continued

| Dates of Employment   |       | Name/Address/Phone No. of Employer            | Name of Supervisor |
|---|-------|---|--------------------|
| From  | To    |   |                    |
| Mo Yr   | Mo Yr |   |                    |
| <div> <div>/</div> <div>/</div> </div> <div> <input type="radio"/> Full-Time           <input type="radio"/> Part-Time           <input type="radio"/> Voluntary         </div> |       |   |                    |
|   |       | Title or duties (for identification purposes) |                    |

Name(s) of co-worker(s)

Reason for leaving

- Would any problem result if your present employer was contacted during the course of the background investigation?    Yes    No

If “no”, when should such contact be made? \_\_\_\_\_

- If you have had no prior employment, please explain in the space below.

- Have you ever filed a claim(s) for workers’ compensation?    Yes    No
- If “yes”, please give details (include when, where, circumstances).

- Have you had any extended work absences for reasons other than earned vacations?    Yes    No
- If “yes”, please explain (include when, name of employer, why).

- Have you ever been fired or asked to resign from any place of employment?    Yes    No
- If “yes”, please give details (include when, where, circumstances).

## EDUCATION

This position requires a high school diploma or the equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- ☐ I possess a college diploma.
- ☐ I have some college.
- ☐ I possess a high school diploma.
- ☐ I possess the G.E.D. (General Educational Development) test.
- ☐ I possess other equivalent. Explain \_\_\_\_\_

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made. Please fill in the spaces provided below:

| Name of School                                 | Location of School<br>(City and State) | Dates Attended |    | School remarks<br>(type of degree, etc.) |
|--|--|----------------|----|--|
|  |  | From           | To |  |
| High School:                                   |  |                |    |  |
| College or University:                         |  |                |    |  |
| College or University:                         |  |                |    |  |
| Trade or Vocational School:                    |  |                |    |  |
| Fire Fighter I Certification                   |  |                |    |  |
| EMT Certification earned                       |  |                |    |  |
| Additional Training or<br>Certificates Earned: |  |                |    |  |
|  |  |                |    |  |
|  |  |                |    |  |
|  |  |                |    |  |

*(Please attach copies of all diplomas, certificates and/or college transcripts.)*



## Reference

In the space below please list as reference 3 – 5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

|      |                 |           |
|------|-----------------|-----------|
| NAME | MAILING ADDRESS | TELEPHONE |
|------|-----------------|-----------|

|      |                 |           |
|------|-----------------|-----------|
| NAME | MAILING ADDRESS | TELEPHONE |
|------|-----------------|-----------|

|      |                 |           |
|------|-----------------|-----------|
| NAME | MAILING ADDRESS | TELEPHONE |
|------|-----------------|-----------|

|      |                 |           |
|------|-----------------|-----------|
| NAME | MAILING ADDRESS | TELEPHONE |
|------|-----------------|-----------|

|      |                 |           |
|------|-----------------|-----------|
| NAME | MAILING ADDRESS | TELEPHONE |
|------|-----------------|-----------|

Have you ever been arrested or charged with any violation excluding traffic and parking tickets? Yes No

List all such matters even if not formally charged, or no court appearance, or found guilty, or matter settled by payment of fine or forfeiture of collateral.

| Date | Place & Department | Charge | Final Disposition | Details |
|------|--------------------|--------|-------------------|---------|
|      |                    |        |                   |         |
|      |                    |        |                   |         |
|      |                    |        |                   |         |
|      |                    |        |                   |         |
|      |                    |        |                   |         |

## MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Volunteer Firefighter. An investigation of your driving history will be made through a records check.

|   |                 |
|---|-----------------|
| Washington State Drivers License Number | Expiration Date |
|---|-----------------|

Name under which license was granted

Please list other states where you have been licensed to operate a motor vehicle.

|  |  |  |  |
|--|--|--|--|
| State: _____<br>Name under which<br>license was granted: | State: _____<br>Name under which<br>license was granted: | State: _____<br>Name under which<br>license was granted: | State: _____<br>Name under which<br>license was granted: |
|--|--|--|--|

\_\_\_\_\_

