



PAUL STONEMETZ
CITY CHIEF
PO BOX 388
ZILLAH, WA 98953

Zillah City Fire Rescue

"Fire & EMS Services With Pride For Our Community"

PO Box 388
Zillah WA 98953
(509) 829-3760

APPLICATION FOR MEMBERSHIP VOLUNTEER FIRE FIGHTER

Name _____ Date _____
Last First Middle

Home Address _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Employer _____ Employer's Address _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____ Home Phone _____ Work Phone _____

EDUCATION:

High School _____ Date Left _____
(Name and location)

Graduated High School Yes _____ No _____ GED Yes _____ No _____ Date of GED _____

MEDICAL TRAINING:

Check if you have a certified card: First Aid _____ 1st Responder _____ EMT _____ None _____

Expiration Date of Card: ____ / ____ / ____

I hereby certify that this information contains no misrepresentations or falsifications and the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for on this form may be cause for dismissal from the Department. I authorize City of Zillah Fire Dept. to make any necessary and appropriate investigations.

Signature _____ Date _____



CLASS SPECIFICATIONS

TITLE: VOLUNTEER FIREFIGHTER

DEFINITION:

UNDER SUPERVISION OF A COMMANDING OFFICER, RECEIVES TRAINING, PERFORMS FIRE FIGHTING ACTIVITIES, OPERATES FIRE FIGHTING EQUIPMENT INCLUDING COMBATING, EXTINGUISHING, AND PREVENTING FIRES, ANSWERING EMERGENCY CALLS, LIFESAVING AND RESCUE ACTIVITIES. MAINTENANCE OF FIRE AND FIRST AID APPARATUS, STATION FACILITIES AND PERFORMS RELATED DUTIES AS REQUIRED.

DUTIES:

RESPONDS TO FIRE ALARMS WITH HIS/HER COMPANY; DRIVES FIRE APPARATUS, OPERATES PUMPS, AERIAL LADDERS, AND AUXILIARY EQUIPMENT, LAYS AND CONNECTS HOSE, HOLDS NOZZLES, DIRECTS FOG AND OTHER WATER STREAMS, RAISES AND CLIMBS LADDERS, USES CHEMICAL EXTINGUISHERS, BARS, HOOKS, LINES AND OTHER EQUIPMENT. VENTILATES BURNING BUILDINGS BY OPENING WINDOWS AND SKYLIGHTS OR BY CUTTING HOLES IN ROOFS AND FLOORS TO RID THE BUILDING OF SMOKE AND HEATED GASES. REMOVES PERSONS FROM DANGER AND ADMINISTERS FIRST AID TO INJURED PERSONS.

PERFORMS SALVAGE OPERATION SUCH AS PLACING SALVAGE COVERS, SWEEPING WATER, AND REMOVING DEBRIS. PARTICIPATES IN DRILL AND ATTENDS CLASSES IN FIRE FIGHTING PROCEDURES AND TECHNIQUES, PREFIRE PLANNING, FIRST AID AND RELATED SUBJECTS. PERFORMS GENERAL MAINTENANCE WORK IN THE UPKEEP OF FIRE DEPARTMENT PROPERTY. CLEANS AND WASHES WALL AND FLOORS; REPORTS REPAIRS NEEDED TO PROPERTY AND EQUIPMENT; WASHES, HANGS, TEST AND DRIES HOSES, WASHES, CLEAN, POLISHES AND TESTS APPARATUS.

ALL FIRES INVOLVING INJURY TO A PERSON, LOSS OF LIFE, EXCESSIVE DAMAGE OR SUSPECTED ARSON SHALL NOTIFY HIS/HER SUPERVISOR. PRESERVATION OF THE FIRE SCENE SHALL BE HIS/HER RESPONSIBILITY UNTIL RELIEVED BY HIS/HER SUPERVISOR, STATE FIRE MARSHALL OR LAW ENFORCEMENT.

HE/SHE SHALL BE PROFESSIONAL AND COURTEOUS WHEN DEALING WITH THE PUBLIC. SHALL BE JUST AND DIGNIFIED WITH THE DEALINGS OF DEPARTMENT PERSONNEL. IT SHALL BE HIS/HER DUTY TO BECOME FAMILIAR WITH THE WRITTEN POLICIES AND PROCEDURES OF THE FIRE DEPARTMENT. HE/SHE IS RESPONSIBLE TO OBEY ALL POLICIES, RULES, REGULATIONS, STANDARD OPERATING PROCEDURES AND FOLLOW THE CHAIN OF COMMAND.

MAJOR WORK CHARACTERISTICS

KNOWLEDGE OF THE ROAD SYSTEM AND PHYSICAL LAYOUT OF THE CITY IN HIS/HER RESPONSE AREAS AND THE LOCATION OF MAJOR COMPLEXES. THE ABILITY TO LEARN A WIDE VARIETY OF FIRE FIGHTING DUTIES, METHODS AND FIRST AID TECHNIQUES WITHIN A REASONABLE PERIOD OF TIME. THE ABILITY TO UNDERSTAND AND FOLLOW ORAL AND WRITTEN INSTRUCTION. THE ABILITY TO ESTABLISH AND MAINTAIN EFFECTIVE WORKING RELATIONSHIP WITH OTHER EMPLOYEES AND THE GENERAL PUBLIC. MUST HAVE THE PHYSICAL STRENGTH, AGILITY AND FREEDOM FROM SERIOUS DEFECTS AS INDICATED BY A PHYSICAL EXAMINATION IF AND WHEN REQUIRED.

UNUSUAL WORKING CONDITIONS:

SUBJECT TO OCCASIONAL STRESSFUL TENSION DUE TO THE NATURE OF THE WORK. MAY BE EXPOSED TO HEAT, FUMES, GASES, SMOKE, MOTOR, AND SIREN NOISES, GREASE, DIRT, HOT METAL, AND ADVERSE WEATHER CONDITIONS. MAY POSSIBLY WORK AT HEIGHTS ON ELEVATED PLATFORMS.

LICENSES, REGISTRATION AND CERTIFICATE:

REQUIRED QUALIFICATIONS FOR ALL FIREFIGHTERS: LEVEL I FIRE FIGHTER, ALL MEMBERS SHALL COMPLETE THIS COURSE WITHIN ONE YEAR OF BECOMING A VOLUNTEER. DRIVER/PUMP OPERATOR, SHALL COMPLETE A COURSE IN EMERGENCY VEHICLE ACCIDENT PREVENTION AND A BASIC PUMP OPERATION COURSE BEFORE BEING ALLOWED TO DRIVE AND OPERATE CITY VEHICLES. FIRST AID RESPONDERS, SHALL COMPLETE A BASIC FIRST AID COURSE WITHIN ONE YEAR OF BECOMING A VOLUNTEER. IF FURTHER TRAINING IS REQUIRED, COURSES IN FIRST RESPONDER AND EMERGENCY MEDICAL TECHNICIAN ARE AVAILABLE. MUST MAINTAIN A VALID WASHINGTON STATE MOTOR VEHICLE OPERATORS LICENSE AND EMERGENCY VEHICLE ACCIDENT PREVENTION CARD.

MINIMUM CLASS REQUIREMENTS:

MUST BE A UNITED STATES CITIZEN OR HAVE THE REQUIRED DOCUMENTATION. MUST BE IN GOOD PHYSICAL CONDITION AND BE AT LEAST 18 YEARS OF AGE AT THE TIME OF INITIAL APPOINTMENTS.

ONCE YOUR BACKGROUND INVESTIGATION IS COMPLETE AND YOUR APPLICATION IS APPROVED YOU WILL BE NOTIFIED BY MAIL OR PHONE OF THE DATES FOR THE NEXT RECRUIT CLASS. THANK YOU FOR YOUR INTEREST IN OUR ORGANIZATION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME AT THE NUMBERS ABOVE.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I am a candidate for the position of Volunteer Fire Fighter with City Of Zillah Fire Dept. Zillah, Washington and hereby authorize you to furnish, City Of Zillah Fire Dept with any and all records or information that you have concerning me, my work record, my reputation, medical records, polygraph, psychological profile, my academic credentials, my military service records and my financial status" This waiver applies only to this position.

Information of a confidential or privileged nature may be included. Those individuals who supply references may respond freely to all questions concerning my job related knowledge, skills, abilities, education and experience, and any other matters which may be relevant to my performance in the position I am seeking. I waive my rights to personally review any materials you may transmit to City Of Zillah Fire Dept. in connection with my application for employment.

I understand that an investigative consumer report, if deemed necessary for the position for which I have applied, may be obtained through personal interviews with my neighbors, friends or associates. Your reply will be used to assist City Of Zillah Fire Dept. in determining my qualifications and fitness for the position.

I hereby release you and your organization from any and all liability arising from your release of information to City Of Zillah Fire Dept. about my employment history, my academic credentials or qualifications and my suitability for employment with City Of Zillah Fire Dept. It is further agreed and understood that I shall hold City Of Zillah Fire Dept. harmless for use of any and all information gained through these inquiries.

Signature _____

Date _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for the State of _____
residing in _____



WA 98953-0388

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I. _____ authorize (initial line)

- _____ Yakima County Fire District # 5
- _____ Wapato City Fire Department
- _____ Toppenish City Fire Department
- _____ Granger City Fire Department
- _____ Sunnyside City Fire Department
- _____ Grandview City Fire Department
- _____ Mabton City Fire Department
- _____ Zillah City Fire Department

To release any and all information, which may be contained in my records, or my medical records.

To the following organization's medical officer: (initial line)

- _____ Yakima County Fire District # 5
- _____ Wapato City Fire Department
- _____ Toppenish City Fire Department
- _____ Granger City Fire Department
- _____ Sunnyside City Fire Department
- _____ Grandview City Fire Department
- _____ Mabton City Fire Department
- _____ Zillah City Fire Department

I understand that my express consent is required to release any records, or my health care information, I authorize release of all records, and health care information relating to my health, well being, or mental / physical status.

I do

I do not authorize release of HIV / Aids, STD information.

ABSTRACT DRIVING RECORD

THE ZILLAH CITY FIRE DEPARTMENT WILL OBTAIN A COPY OF YOUR ABSTRACT DRIVING RECORD. THE ZILLAH POLICE DEPARTMENT WILL BE DOING THIS ABSTRACT FOR YOU

WE WILL BE GOING BACK FIVE YEARS OF RECORDS (SHOWS ALL CONVICTIONS, ACCIDENTS AND SUSPENSIONS / REVOCATION ACTIONS).

I _____ ACKNOWLEDGE THAT THE ATTACHED DRIVING RECORD IS A TRUE AND ACCURATE STATEMENT OF MY LAST FIVE YEAR DRIVING RECORD.

SIGNATURE OF RECRUIT _____ DATE _____

List below all present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
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	Mo.	Yr.	Mo.	Yr.					
Telephone									

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number