



CHELAN COUNTY FIRE PROTECTION DISTRICT #3

THE BAVARIAN VILLAGE in the heart of Washington State

228 Chumstick Hwy, Leavenworth WA 98826 *Phone (509) 548-7711 * chief3@chelanfd3.org

To: Applicant
From: Kelly O'Brien, Fire Chief
Ref: Introduction to the Application Process

On behalf of the Fire Commissioners and myself, let me be the first to extend a warm welcome to our fire department here in Leavenworth! We are excited to provide you an invitation to be part of our team and extended family.

On an annual basis, the fire department responds to an average of 600 calls a year. The calls include fires, rescues, hazardous materials, and providing emergency medical services to our 30-square mile area and varying population due to the tourism industry.

Our agency is comprised of a very diverse and highly skilled group of men and women whom I am honored to serve as their Fire Chief. All our firefighters -including myself-have started in our department just like you; with an application in hand, a vision of being a firefighter, and being able to help others who are in need. Many of our members have served here for several decades, and some only a few months. Even though their motivations may be different, they're all part of a very dynamic group who make a significant difference to our community.

If you have any questions regarding our organization or the application process, I would suggest you visit us in person at the address above, or feel free to contact our Assistant Chief of Operations, Glenn Brautaset at glenn@chelanfd3.org .

Thanks again for your interest in us. We look forward to having you on the team!



CHELAN COUNTY FIRE DISTRICT # 3

228 Chumstick Road
Leavenworth WA 98826

www.chelanfd3.org

EMPLOYMENT APPLICATION

This form must be filled out completely, including signature and date.

Position for which you are applying (Circle / Highlight One):

| | | | | |
|----------------------|--------------------------|-------------------------|------------------|-----------------|
| Cadet Firefighter | Volunteer Firefighter | Resident Firefighter | Support Staff | Career Staff |
|----------------------|--------------------------|-------------------------|------------------|-----------------|

PERSONAL INFORMATION

| | | | | | |
|---------------------------|--|-------------------------------|--|------------------------|----------|
| Last Name | | First Name | | Middle Name or Initial | |
| Mailing Address | | City | | State | Zip Code |
| Home Phone with Area Code | | Cellular Phone with Area Code | | Date of Birth | |
| Driver's License Number | | Personal Email Address | | | |

EDUCATION/TRAINING

| | | | | | |
|---|--|-------------------------|---------------|--|-----------------|
| High School | | Location (City & State) | | Graduate/G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University | | Location (City & State) | | Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Major | | Degree Title | | Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University | | Location (City & State) | | Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Major | | Degree Title | | Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vocational Training | | Location (City & State) | | Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Trade, Other Training | | Location (City & State) | | Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| Other valid professional licenses and certificates (i.e. CDL, EMT, RN, FF1) | | Type of License | Issuing State | Registration # | Expiration Date |

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years. In evaluating your qualifications, preference will be given to experience during that period. However, if you feel that your work experience beyond 10 years is important, please include it. Also include any periods of self-employment, military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each one separately. If additional space is necessary, please attach a separate sheet. *Complete all sections completely and accurately to the best of your ability.*

| | | | | |
|---|---------------------------|-----------------------------|-------------------------------------|--|
| Job Title | | Employer's Name and Address | | |
| Supervisor's Name | | | | |
| Supervisor's Title | Supervisor's Phone Number | | | |
| Dates Employed (From Mo./Yr. To Mo./Yr.) | | Hours per week: | Last Hourly Rate or Monthly Salary: | |
| Duties: | | | | |
| Reason for leaving or considering change: | | | | |

| | | | | |
|---|---------------------------|-----------------------------|-------------------------------------|--|
| Job Title | | Employer's Name and Address | | |
| Supervisor's Name | | | | |
| Supervisor's Title | Supervisor's Phone Number | | | |
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| Duties: | | | | |
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| Duties: | | | | |
| Reason for leaving or considering change: | | | | |

| | | | |
|---|---------------------------|---|--|
| Job Title | | Employer's Name and Address | |
| Supervisor's Name | | | |
| Supervisor's Title | Supervisor's Phone Number | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (From Mo./Yr. To Mo./Yr.) | Hours per week: | Last Hourly Rate or Monthly Salary: | |
| Duties: | | | |
| Reason for leaving or considering change: | | | |

| | | | |
|---|---------------------------|---|--|
| Job Title | | Employer's Name and Address | |
| Supervisor's Name | | | |
| Supervisor's Title | Supervisor's Phone Number | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
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| Duties: | | | |
| Reason for leaving or considering change: | | | |

PROFESSIONAL REFERENCES

| | |
|---|-----------------------|
| List those who are familiar with your work experience (other than those listed above in your employment history). | |
| 1. Name | Current Phone Number |
| Title | Organization/Business |
| 2. Name | Current Phone Number |
| Title | Organization/Business |
| 3. Name | Current Phone Number |
| Title | Organization/Business |

OTHER INFORMATION

Social Security Number (Disclosure of your SSN is voluntary):

After reviewing the job announcement, is there any reason that would prevent you from performing the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Note: In accordance with the Immigration Reform and Control Act of 1986, employment by Chelan County Fire District 3 is contingent upon presentation of acceptable documents verifying identity and authorization for employment in the United States. If offered employment, you are required by federal law to truthfully complete an I-9 form and provide acceptable documents as listed on the form to establish your authorization to work for Chelan County Fire District No. 3. Will you be able to do so prior to the commencement of employment?

Yes No

Within the past 10 years, have you been convicted of or plead guilty to any crime which might have some bearing on your qualifications and fitness to accept duties and responsibilities of the position for which you are applying? Yes No
If yes, please explain the nature of the offense, date, court, and description:

Note: Although Chelan County Fire District 3 may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions may not necessarily bar you from consideration for employment.

AGREEMENT, CERTIFICATION, & AUTHORIZATION

Please read carefully before signing.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.

I authorize Chelan County Fire District 3 to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, agencies, departments and Chelan County Fire District 3 from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, criminal background, disciplinary actions, reason for leaving and my suitability for employment with Chelan County Fire District 3. I further authorize Chelan County Fire District #3 to perform a criminal history background check through the Washington State Patrol and/or Chelan County Sheriff.

In the event of my employment with Chelan County Fire District 3, I will comply with all rules, regulations, and policies set forth in Chelan County Fire District 3's policy manual or the communications distributed by Chelan County Fire District 3.

I understand that in order for Chelan County Fire District 3 employees to respond in the event of any emergency, telephone numbers and addresses of employees are made available within the organization.

I hereby acknowledge that I have read and understand the preceding statements.

Applicant Signature: _____ **Date:** _____

Chelan County Fire District 3 is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state, or local law. In compliance with the Americans with Disabilities Act, disability will be considered only in the context of an applicant's ability to perform the essential functions of the job and to determine reasonable accommodation.