

# RIVERSIDE FIRE RESCUE

Pierce County Fire Protection District No. 14  
4114 56<sup>th</sup> Ave E Puyallup, WA 98371 – (253) 922-5644  
Email: info@piercefirer14.org

Position Applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn of this position?  Friend/Relative: \_\_\_\_\_

Facebook  Recruitment Activity

Other: \_\_\_\_\_

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## **Personal Information:**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_ Cell/Home ( ) \_\_\_\_\_

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## **Military Experience:**

Were you in the U.S. Armed Services?  Yes  No

What Branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Separation: \_\_\_\_\_

Duties in the Military: \_\_\_\_\_

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**General Information:**

Are you willing to undergo a Doctors physical? Yes No

Are you willing to undergo a drug screen? Yes No

Do you have any medical problem that would inhibit your job performance?  
job performance? Yes No

If yes, please list: \_\_\_\_\_

Have you ever been charged with any criminal offense? Yes No

If yes, what State: \_\_\_\_\_ Date: \_\_\_\_\_ Offense: \_\_\_\_\_

Nature: \_\_\_\_\_

An affirmative answer will **not** automatically disqualify you from being considered for acceptance

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**References: (Fill Out Completely)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Personal Reference Professional Reference

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Personal Reference Professional Reference

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Personal Reference Professional Reference

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**Employment History:**

Resume may be attached but will not be accepted as a substitute for completing this section. Start with your present or last job. Include any job-related military service assignments and volunteer activities for at least the past five years. Please include periods of self-employment and U.S. military service.

Employers Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer Yes No

Employers Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer Yes No

Employers Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer Yes No

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**Education:**

**High School:** \_\_\_\_\_ State \_\_\_\_\_

Year Completed \_\_\_\_\_ Highschool Diploma?  Yes  No

**College:** \_\_\_\_\_ State \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree and/or Major: \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree and/or Major: \_\_\_\_\_

**Trade, Bus. or Other:** \_\_\_\_\_ State \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree, Major or Certificate: \_\_\_\_\_

**State any additional information or experience you feel may be helpful to your application.**

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**Agreement, Certification, and Authorization**

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 disqualification or discharge. I authorize my current employer(s) to provide Riverside Fire & Rescue representatives any information regarding my current or former employment. I understand that such information may or may not help application for employment with Riverside Fire & Rescue. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from release of such information. My authorization to current or former employers to release information and my waiver of liability, which are written above are known, intelligent, and voluntary acts. I understand that as a condition of employment, I must pass a pre-employment exam, which includes a physical test, medical evaluation, drug screening, a background check and a driving record check.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: All applications must be signed and dated in order to be accepted for consideration.

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## Volunteer Firefighter Applicant Self-Evaluation Questionnaire

As an applicant for the position of volunteer firefighter, it is critical that you be fully aware of the aspects of this position. This self-evaluation form is designed to help you determine whether you would be willing to devote your time to serve this department and community.

Please read the instructions carefully before completing each part of the evaluation.

This is not a test. A negative response to a question does not mean an automatic rejection of your application. Your answer should reflect how you feel.

### **Part I**

The following is a list of tasks and working conditions typical of the job of a volunteer firefighter. Read them carefully and then check the appropriate box:

**“Yes”** means that you are willing to perform these duties or work in this environment.

**“No”** means that you are not willing to perform these duties or work in this environment. *You must write a brief explanation next to all “No” answers.*

1. Risk personal safety to save a life or property.  
Explain: \_\_\_\_\_  Yes  No
2. Work around persons who are sick, injured, dead or dying.  
Explain: \_\_\_\_\_  Yes  No
3. Console people who have lost loved ones or personal property.  
Explain: \_\_\_\_\_  Yes  No
4. Deal with personal conflicts with coworkers.  
Explain: \_\_\_\_\_  Yes  No
5. Interrupt sleep, meals, and other activities.  
Explain: \_\_\_\_\_  Yes  No
6. Clean, inspect and restock apparatus and equipment, before and after an emergency, regardless of the time of day or night.  
Explain: \_\_\_\_\_  Yes  No
7. Perform at a high level of competency regardless of physical or emotional state.  
Explain: \_\_\_\_\_  Yes  No
8. Be under the critical eye of the public in dealings with rowdy or aggressive individuals.  
Explain: \_\_\_\_\_  Yes  No

9. Endure the stress of highly emotional and dangerous situations such as falling debris or walls, extreme heat, gases, smoke, falling electrical wires, and other hazardous situations.  
Explain: \_\_\_\_\_  Yes  No
10. Exposure to persons with contagious illnesses or diseases.  
Explain: \_\_\_\_\_  Yes  No
11. Obey strict rules, regulations, and orders following a paramilitary style of command.  
Explain: \_\_\_\_\_  Yes  No
12. Respond to situations where a service not related to firefighting or treating the ill or injured is requested.  
Explain: \_\_\_\_\_  Yes  No
13. Spend 5% of the time fighting fires and 95% of the time cleaning up afterwards.  
Explain: \_\_\_\_\_  Yes  No
14. Drill every Tuesday from 6:30 pm to 9:30 pm or Friday 10:00 am to 1:00pm.  
Explain: \_\_\_\_\_  Yes  No
15. Attend four 12-hour shifts per month.  
Explain: \_\_\_\_\_  Yes  No
16. Complete a volunteer recruit academy consisting of approximately 250 hours of instruction within one year of acceptance.  
Explain: \_\_\_\_\_  Yes  No
17. Obtain an Emergency Medical Technician certification within one year of acceptance.  
Explain: \_\_\_\_\_  Yes  No

## **Part II**

The following is a list of personal qualities or characteristics essential to performing well as a firefighter. Read them carefully and then rate yourself on a 1-5 scale of how you perceive yourself.

(1) Not at all    (2) Somewhat    (3) Average    (4) Above average    (5) Exceptional

1.    \_\_\_ Performs well under adverse conditions of cold, heat, or stormy weather
2.    \_\_\_ Mentally alert when awakened from sleep
3.    \_\_\_ Fear of heights or enclosed places
4.    \_\_\_ Respect for authority and discipline
5.    \_\_\_ Likes challenges and learning new things
6.    \_\_\_ Dependable
7.    \_\_\_ Concern for people, including people you don't know
8.    \_\_\_ Common sense

- 9. \_\_\_ Strong integrity and honesty
- 10. \_\_\_ Works as a team member
- 11. \_\_\_ "Cool-headed" in tough or emergency situations
- 12. \_\_\_ Physically Active

**Part III - Drugs**

1. Have you used marijuana or its derivative within one year prior to this application for the position of firefighter?  Yes  No

If Yes, when was the last use? \_\_\_\_\_

Note: While marijuana is legal in Washington State, it is still illegal at the Federal level, and therefore strictly prohibited as an active member of Riverside Fire.

2. Have you ever used any of the following drugs (not prescribed for you by an authorized medical professional)?

Opiates (Heroin, Opium, Morphine, Oxycodone, Oxycontin, Hydrocodone, etc.)  Yes  No

Hallucinogens (LSD, Acid, PCP, Mushrooms, Ketamine, etc)  Yes  No

Amphetamines/Stimulants (Meth, Cocaine, Ecstasy/Molly, etc)  Yes  No

Any other Controlled Substance not listed  Yes  No

If you answered yes to any of the above, please list the specific drug(s), last use, and estimated number of uses for each drug.

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This information is confidential and will only be viewed by administration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONFIDENTIAL DISCLOSURE REPORT

RCW 43.43.834 (2) requires that the Fire Protection District, at the time it accepts an application for the position of volunteer firefighter or paid firefighter, obtain the following information from the applicant, when hires, may have unsupervised access to children under (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

- 1. Have you been convicted of any crime against children or other persons?  
 Yes  No
- 2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?  
 Yes  No
- 3. Have you been found in dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused a minor?  
 Yes  No
- 4. Have you been found by a court, in a domestic relations proceeding under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused a minor?  
 Yes  No
- 5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?  
 Yes  No
- 6. Have you been found by a court in a protection proceeding under chapter 73.43 RCW to have abused or financially exploited a vulnerable adult?  
 Yes  No

I understand that the above answers are correct and true statements by me. If any of the answers above are found to be untruthful this will disqualify me from the position of Firefighter with Riverside Fire & Rescue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BACKGROUND CHECK DISCLOSURE

Pursuant to the federal Fair Credit Reporting Act ("FCRA") and its applicable state counterparts, \_\_\_\_\_ (the "Company") may obtain consumer reports or investigative consumer reports on you for employment purposes in connection with your employment, potential employment, contract for services, volunteer position or other employment-related purpose. The Company may procure consumer reports on you both in connection with your application, and, if applicable, at any time during the course of your employment, contract for services or volunteer position with the Company. Consumer reports are written, oral or other communications that bear on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that are used (or expected to be used) as a factor in establishing eligibility for employment purposes. "Investigative consumer reports"\* are consumer reports (or portions of consumer reports) in which information is obtained through personal interviews with your neighbors, friends, associates or acquaintances, and are commonly obtained in connection with education or employment reference checks. \*In California, an "investigative consumer report" means any consumer report that is not a credit report.

Consumer reports may include items such as employment verifications, education verifications, credit history, driving records, criminal history, motor vehicle records, licensures, certifications, social security number verification, drug testing results or other information obtained through background check services. The information may be obtained from private and public record sources, including personal interviews with your neighbors, friends, associates or acquaintances.

You may find a "A Summary of Your Rights under the Fair Credit Reporting Act" at: <http://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

The name of the consumer reporting agency from whom the Company may procure consumer reports or investigative consumer reports is DataQuest, LLC ("DataQuest"), P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135. Please direct all inquiries to DataQuest.

You have the right to dispute incomplete or inaccurate information in your consumer report. You have the right, for a reasonable time after receipt of this notice, to make a written request to DataQuest for a complete and accurate disclosure of the nature and scope of the investigation requested by the Company, as well as to receive a written summary of your rights and remedies under the law.

You may find information about DataQuest's privacy practices, including whether your personal information will be sent to third parties outside the United States or its territories, as well as information concerning contact information for DataQuest's representatives who can assist you with additional information regarding DataQuest's privacy practices in the event of a compromise of your information, on DataQuest's website, [www.dataquestllc.com](http://www.dataquestllc.com).

Please sign below to acknowledge your receipt of this Background Check Disclosure.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



P.O. Box 1308, Snohomish, WA 98291

**\*\*AUTHORIZATION FORM\*\***

Phone: (888) 443-0135 // Fax: (888) 226-6952

Company: \_\_\_\_\_

Web: [www.dataquestllc.com](http://www.dataquestllc.com)

Applicant Name: \_\_\_\_\_  
Last First Middle

List additional AKA/Alias names used in the LAST 7 YEARS: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*(\*Used for identification purposes only)*

Driver's License#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**\*\*\* Please list addresses used during the LAST 7 YEARS \*\*\***

Current Address: \_\_\_\_\_  
(Complete Address Required) City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

By signing below, I acknowledge receipt of the Background Check Disclosure ("Disclosure") that accompanies this Background Check Authorization ("Authorization"). I authorize the company named above (the "Company") to obtain consumer reports and/or investigative consumer reports on me for employment purposes as set forth in the Disclosure. I also authorize DataQuest, LLC ("DataQuest") to procure all reports, records, verifications or other information necessary to complete the background check and to furnish the information to the Company. I certify that all information I supply on this Authorization and on any supplemental page(s) is true and correct. I understand that providing fraudulent or misleading information on this Authorization may be grounds for denial of employment, contract for services or volunteer position by the Company or for discharge by the Company. This Authorization shall be valid upon the Company's receipt of my signed Authorization, and, if applicable, at any time during the course of my employment, contract for services or volunteer position with the Company. I authorize the Company, if the Company places workers with other employers, to share any consumer reports or investigative consumer reports with any employer where the Company may attempt to place me to work. I agree that a facsimile or copy of this Authorization form, or electronic signature obtained specifically through DataQuest's authorized electronic signature program, shall be valid as an original.

I understand drug/substance abuse testing may be a requirement for the position for which I am applying or for my current position. If required by the Company, I hereby authorize any laboratory, health care clinic, hospital or qualified medical professional coordinated by DataQuest to conduct such testing and to release the results to DataQuest and/or the party with which DataQuest may contract to arrange for such testing. I also authorize DataQuest to provide those results to the Company. I understand that the results of my drug/substance abuse test may be provided to and reviewed by a medical review officer (MRO) before being released to DataQuest and the Company, and that the MRO may discuss the results of the test with me and ask about medical information specifically related to the test. I understand that when this review is complete, only the drug/substance test results will be provided by the MRO to DataQuest and the Company, and that no other medical information about me will be disclosed.

California Applicants or Employees Only: By signing below, I acknowledge receipt of "Notice to California Applicants." Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have the right to receive such a copy under California Law.

New York Applicants or Employees Only: By signing below, I acknowledge receipt of a copy of Article 23-A of New York Correction Law. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Maine Applicants or Employees Only: You have the right to request and promptly receive a copy of any investigative consumer report obtained by the Company. If you wish to receive a copy of any such investigative consumer report, please contact DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

You may have additional rights under your applicable state law, and you may wish to contact your state or local consumer protection agency or a state attorney general (or the equivalent) to learn about those rights.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_