

# 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_



**DISCLOSURE REGARDING  
BACKGROUND INVESTIGATION ON YOU**

**Riverside Fire and Rescue** (“the Company”) may obtain “consumer reports” about you from a consumer reporting agency for employment purposes. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, drug test results, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

**ADDITIONAL NOTICE REGARDING  
INVESTIGATIVE CONSUMER REPORTS ON YOU**

**Riverside Fire and Rescue** (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is DataQuest, LLC, Phone: 888-443-0135, Fax: 888-226-6952, P.O. Box 1308, Snohomish, WA 98291; <http://www.dataquestllc.com>. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, DataQuest, LLC may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

**Note: Under federal law, you have the right to request disclosure of further information regarding the nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.**

**ADDITIONAL STATE LAW NOTICES**

If you live in, work in, or are seeking work for **Riverside Fire and Rescue** (“the Company”) in Washington State, please note the following information which we are required to provide to you:

State of Washington applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## **AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Riverside Fire and Rescue** to obtain “**consumer reports**” and “**investigative consumer reports**” about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

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

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

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

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

Full Name (First, Middle, Last): \_\_\_\_\_

Alias Name(s) Used Within the Last 7 Years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License #.: \_\_\_\_\_

State Issued: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
Full Current Address

\_\_\_\_\_  
Additional Previous Address Within the Last 7 Years

\_\_\_\_\_  
Additional Previous Address Within the Last 7 Years

\_\_\_\_\_  
Additional Previous Address Within the Last 7 Years