



## Benton County Fire Protection District No.2

### Application for Employment / Residency

Thank you for your interest in becoming part of our agency. The following packet will guide you through the application process.

Benton County Fire District No.2 offers a large variety of services to the residence of Benton County. These services include, however are not limited to structural and wild land fire suppression, emergency medical service and hazardous material responses. Our department is a combination of volunteers, residents and career firefighters and EMS providers. Our stations service approximately 120 square miles of the county. The district is operated by 48 volunteer and support staff, 9 residents and 4 career staff. The district is administered by an elected Board of Commissioners with three members. The Board meets at the minimum of twice each month and has the final authority on all actions performed by the districts and their members.

District Headquarters  
Station 210

**Benton County Fire Protection District No.2**  
1304 Dale Ave  
PO Box 719  
Benton City, WA 99320  
(509)588-3212 / FAX (509)588-4343  
[Bcfpd2@bcfpd2.org](mailto:Bcfpd2@bcfpd2.org)

### Requirements to Apply

- Must be 18 years of age.
- Must be eligible for employment in the United States.
- Have a high school diploma or GED.
- Posses a valid Washington State Drivers License.
- Have an insurable driving record.
- Must pass a Washington State Patrol criminal background check.
- Have no felony convictions within the last ten years that could interfere with employment.
- Must read and write in the English language.
- Reside within district boundaries (Volunteer).
- Must be physically fit and must maintain physical fitness for duty performance.

***Benton County Fire Protection District No.2 is An Equal Opportunity Employer***

## **Application Packet Requirements**

The following documents must be provided with the application at time of acceptance. Any missing or incomplete forms or documents may cause your application to be rejected at the discretion of the district.

***A resume is encouraged, however, will not be accepted in lieu of a complete application.***

- 1. Complete Employment Application *(Provided)*
- 2. Complete and **NOTARIZED** waiver and Authorization to Release Information *(Provided)*
- 3. Complete waiver for Physical Agility Test *(Provided)*
- 4. Complete Employment Eligibility Verification Form *(Provided)*
- 5. Five Year Washington State Driving Abstract *(Available at Department of Licensing or on-line)*
- 6. Photocopy of Birth Certificate
- 7. Photocopy of Social Security Card
- 8. Photocopy of valid Driver's License *(WA State License required before end of probation)*
- 9. Provide proof of current valid Auto Insurance
- 10. Photocopy of High School Diploma or GED
- 11. Photocopy of prior certifications *(example: EMT, FF I, underwater basket weaving, etc.)*

## **Pre-Employment Requirements**

- 1. Acceptance and Review of application by program coordinator or their designee
- 2. Must complete Two (2) 12-hour Ride-Along's *(0800-1700, Monday-Friday, No Holidays)*  
*\*2-Ride-Along Evaluations' must be attached to application. \* See Ride-Along form*
- 3. Complete oral board interview and recommendation for hire or residency
- 4. Successfully complete a written competency entrance exam
- 5. Successful completion of the District's Physical Agility Test
- 6. Successful completion of a Medical Examination by the District's medical provider
- 7. Fire Chief's interview

# Application for Membership

This form is required for employment/membership and must be filled out completely. A resume is encouraged and may is required for career positions; however, a resume will not be accepted in lieu of a complete application.

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

Position Desired: \_\_\_\_\_ Availability: \_\_\_\_\_

Type of Work applying for:  Full-time  Part-time  Volunteer  Resident

Applicant Name (first, last): \_\_\_\_\_  
*Last First M.I.*

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Under what other names have you worked: \_\_\_\_\_  
*Nicknames, Surnames, Maiden Names*

Are you legally authorized to work in the USA?  Yes  No  
*Note: Proof of authorization required on hiring*

Do you possess a valid Driver's License?  Yes  No

State of issue: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Are you a current member of a Benton County Fire agency?  Yes  No

Are you a former member of a Fire agency?  Yes  No

*If Yes, which Agency?* \_\_\_\_\_

*Position Held:* \_\_\_\_\_ *Date of Discharge:* \_\_\_\_\_

Are you being recommended by a current Fire District member?  Yes  No

If Yes, Explain: \_\_\_\_\_

## Employment Experience

Be sure to complete all sections of this application completely and to the best of your ability. Your experience will be used as a part of the application process and therefore, should represent your best effort. **Beginning with your present or most recent employment** and working back, list the three (3) most recent positions you have held. Give clear description of duties and responsibilities, time spent performing the duties and any other information that will give us an understanding of the nature of work you have performed. If needed, attach a typed page for each section.

May inquiry be made of this employer?  Yes  No

Name of firm or Business: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May inquiry be made of this employer?  Yes  No

Name of firm or Business: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May inquiry be made of this employer?  Yes  No

Name of firm or Business: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education Experience

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Diploma or GED:      Yes    No           Date of Graduation: \_\_\_\_\_

College or University: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Number of years attended: \_\_\_\_\_

Technical or Trade Schools: \_\_\_\_\_

Certifications: \_\_\_\_\_

Do you have Firefighting experience:      Yes      No

If Yes, Explain: \_\_\_\_\_

Do you have Medical experience:      Yes      No

If Yes, Explain: \_\_\_\_\_

Miscellaneous Training and Certifications:

Certification or Training:	Date of certification:
_____	_____
_____	_____
_____	_____
_____	_____

Other special skills or trades:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Criminal Background

Have you been convicted of a crime in a court of law within the past ten years?  Yes  No

If Yes where: \_\_\_\_\_ When: \_\_\_\_\_

Explain: \_\_\_\_\_

*RCW 43.43.834(2) requires that the above stated Fire District, at time it accepts an application for the position of a firefighter (whether it be career, volunteer, resident or support service) obtain the following information from the applicant, if the applicant, when hired may have some unsupervised access to children under the age of sixteen (16) years of age, developmentally disabled persons or vulnerable adults during the course of employment or where a member may have access to groups of five (5) or fewer children under the age of twelve (12) years of age, or three (3) or fewer children between the ages of twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. It is also required to inform you that a criminal background check will be performed around these questions. To comply with these statutory requirements, please provide the following information under oath.*

Have you ever been convicted of any crime against children of other persons?

Yes  No

Have you ever been convicted of crimes related to the financial exploitation of a vulnerable adult?

Yes  No

Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused a minor?

Yes  No

Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused a minor or to have physically abused a minor?

Yes  No

Have you been found in any disciplinary 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

I certify that I am at least 18 years of age, and declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_, Washington on this \_\_\_\_ day \_\_\_\_\_, 20 \_\_.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

## Professional References

*List three persons (non-related) who can speak knowledgeably of your ability to work.*

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

## Military Experience

Have you served in any branch of the United States Armed Forces?  Yes  No

If Yes, which branch? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Dates served: \_\_\_\_\_ to \_\_\_\_\_

## Veteran's Preference

*Under Washington State Law, veteran's preference may be claimed if you received a discharge under honorable conditions (DD214) or received a discharge for physical reasons with an honorable record and who meets at least one of the following criteria.*

*(1) Served in any branch of the armed forces of the United States between World War I and World War II or during any period of war. (2) Served in any branch of the armed forces of the United States and received the armed forces expeditionary medal for opposed action on foreign soil. Or (3) served in the Persian Gulf War or any period of war ending on the date prescribed by presidential proclamation or law Or served in any branch of the military for 18 consecutive months and received a DD214. All veterans scoring criteria may be claimed upon release from active military service.*

*(2) In all Fire District competitive examinations, all veterans upon request shall be given a preference by adding to a passing grade only, based upon a rating of one hundred points, a percentage as determined:  
(REF: RCW 41.04.005 and 41.04.010)*

**\*Proof of military service or release from active duty papers (DD Form 214) must be submitted with this application.\***

Do you claim Veteran's Preference:  Yes  No

If yes, provide dates of service: \_\_\_\_\_ to \_\_\_\_\_

Date of retirement: \_\_\_\_\_

Did you receive the Armed Forces, Marine Corp or Navy Expeditionary Medal or Southeast Asia service Medal for opposed action on foreign soil?  Yes  No

If yes, where did you serve: \_\_\_\_\_

Have you ever used veteran's preference to obtain employment?  Yes  No



## Waiver for Physical Agility Test

I, \_\_\_\_\_ being of sound mind, do understand and do hereby hold Benton County Fire Protection District No.2 harmless from any injury or illness that may arise or take place from participating in the physical agility test. I am a participant under my own free will and will comply with all requirements set forth by the evaluator.

I can stop my participation of the physical agility test at any time and understand that if I choose to stop my participation in the test, I may fail.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Physical Agility Test

1. During the physical agility test, no grade will be given for appearance of clothing. Clothing shall be suitable for physical exertion.
2. Applicants should not eat a heavy, filling meal prior to the test.
3. Applicants should be well rested and hydrated.
4. The physical agility test is scored.

**SCORE:** \_\_\_\_\_

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's name \_\_\_\_\_

## Waiver and Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the Benton County Fire Protection District No.2 with any and all information that you may have concerning me, my work record, my reputation, my medical records, and my military service records. I also authorize you to furnish criminal history record information (if any) to the said fire district. Information of a confidential or privileged nature may be included. Your reply will be used to assist this fire district in determining my qualifications and fitness for the position I am seeking with Benton County Fire Protection District No.2.

I understand my rights under Title V, United States Code, Section 552a, The Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the fire district in conjunction with employment procedures.

I understand that as a condition of my employment, a background check will be conducted and I must pass a pre-employment physical exam if applicable. The background includes reference checks, a criminal history, and a driving record. Certain positions require drug and alcohol testing, credit checks, fingerprinting, physical examinations, physical agility tests, written exams, oral interviews or other testing stations, and a psychological examination.

I understand that as a condition of my employment, I must provide documentation to prove employment eligibility and personnel identification as required by the Immigration Reform and Control Act of 1986.

I understand that this application does not constitute as a contract for employment and that the district has policies, procedures and other documents that govern employment rights.

I hereby release you, your organization, and others, from any liability or damage which may result from furnishing the information requested.

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

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. Notary public in and for the State of Washington, Residing at \_\_\_\_\_.

Notary Signature \_\_\_\_\_

Notary Name \_\_\_\_\_

Commissioner Expires \_\_\_\_\_

*Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.*

# Employment Applicant Ride-Along Agreement and Waiver

Programs:  Citizen Ride-Along, Employment Application (*two 12 hour rides*)

Applicant's/Participants Name (first, last): \_\_\_\_\_

Parent/Guardian's Name, if applicable: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Driver License #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
1. Start Date: _____ End Date: _____	2. Start Date: _____ End Date: _____	

As a ride along with a Benton County Fire District #2 (BCFPD 2) crew members in an emergency response vehicle. A ride-along participant shall not participate in any emergency activity. A ride-along participant rides in the capacity of an observer only and is under the complete control of the fire officer at all times.

In consideration of this application I agree to the following:

1. I am participating as a civilian and strictly prohibited from performing any emergency medical or firefighting functions.
2. I will not divulge any confidential information that I learn while participating in the ride along program. I will read and complete the attachment, HIPAA Privacy Rule Confidentiality Agreement.
3. I will remain in the vehicle at all times unless directed by the fire officer in charge.
4. I am aware of the inherent risks involved and I freely and knowingly assume all risks to my person and/or property.
5. I am 18 years of age or older. If younger, this agreement is completed by parent/guardian.
6. That I, my heirs, executors and assigns indemnify and hold harmless BCFPD 2, and any of its employees, for any claims, amounts and/or damages that may arise from my conduct while I am participating the Ride Along Program.

**I acknowledge that I have read this entire agreement and that I understand its legal effect.**

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

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

\_\_\_\_\_  
**Fire Chief / Approved Officer Signature**

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

## RELEASE OF LIABILITY

I apply to participate in the BCFPD 2 Ride-Along Program (Program) and agree to the following:

1. I understand that participating in the Program referenced above carries dangers and risks and I knowingly assume all risk of any resulting personal injuries including, but not limited to: falling; tripping; bumping; strains and injuries to back, spine, bone, joint, head, neck or muscles; or cuts, scrapes; choking; allergies; heat stroke; heat exhaustion; sunburn or other injuries or death; and any resulting damage to or loss of my property
2. I waive and relinquish all claims or any basis, including but not limited to negligence, I may now have or might otherwise make in the future resulting from my participation in the Program against the Benton County Fire Protection District # 2 (BCFPD 2) and its officers, agents, servants and employees. Further, I agree to indemnify, defend and hold harmless BCFPD 2 against any claims by any person, firm or corporation arising from my participation in the Program referenced above, including claims already made and claims that may be made in the future.
3. I agree to pay for any damage to District property resulting from my participation in the Program directly to BCFPD 2 within thirty days of receiving a statement of damage owed.
4. In case of emergency, I authorize the District officials to secure from any licensed ambulance, emergency medical services provider, hospital, physician, and other medical personnel any treatment deemed necessary for my immediate care. I will be responsible for the payment for all care and treatment rendered.
5. I also give permission for disseminating media coverage of my participation in the Program for public relations purposes without any personal compensation.
6. This Acknowledgement of Risk and Release is valid for a period of \_\_\_\_\_  
\_\_\_\_\_ from the date executed below.

I acknowledge and understand this BCFPD 2 Acknowledgement of the Release of Liability. Neither party can orally modify this Acknowledgement of the Release of Liability.

### APPLICANT:

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*Name (printed)*

*Signature*

*Date*

