



Serving North Spokane County

## Information to Include with Application

Thank you for your interest in Spokane County Fire District 4. To efficiently complete your application, **YOU MUST** include the certificates below, if previously obtained. If you do not provide each certificate, you will be required to attend that initial training. If applying for a part-time firefighter position, all certificates must be included with your application, no exceptions.

- Valid Driver's License (Required for all applications)
  
- No prior training or experience- If no prior training or experience, please check this box and leave all others below blank. Continue to page two of the application.
  
- Fire Science Degree/FFI Certification  
Or  
Graduation from Spokane County Recruit School or Equivalent Documented Training or Field Experience
  
- WA State EMT Certification or Ability to Obtain Reciprocity
  
- S-130, S-190, and L-180 Certificates
  
- WA State Emergency Vehicle Incident Prevention Certificate or Equivalent
  
- WA State HAZMAT Awareness and Operations Certification WAC296-824 or IFSAC Hazmat Awareness and Operations
  
- IS-100, IS-200, IS-700.A, and IS-800.B

**For your application to be considered complete, you must have this page attached with all included certificates checked off.**

Please bring your complete application into the  
District Office:  
315 E Crawford St.  
PO Box 1549  
Deer Park, WA 99006  
Monday to Friday: 8:00 to 5:00

**SPOKANE COUNTY FIRE DISTRICT 4**  
**315 E Crawford St.**  
**Deer Park, WA 99003**  
**(509)467-4500** [www.scfd4.org](http://www.scfd4.org)

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

Position Applying For:    Volunteer                     Part-time FF/EMT                     Volunteer Paramedic

Would you be interested in living at a fire station (volunteer resident)?       Yes       No

How were you referred to Fire District 4? (Please check one)

Current Member of District 4, if so whom: \_\_\_\_\_

Newspaper     Webpage     Other \_\_\_\_\_

Have you ever been a member?  Yes     No    Reason for departure? \_\_\_\_\_

Have you ever applied with Fire District 4 before?  Yes     No

**PERSONAL**

Full Legal Name: \_\_\_\_\_  
                                     First    Middle    Last

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

Mailing Address (If Different) \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Driver's License Restrictions or Endorsements: \_\_\_\_\_

**EDUCATION**

High School Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ GED

College (mark highest year completed) \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ Higher

Area(s) of Study: \_\_\_\_\_

## EMERGENCY NOTIFICATION

In case of an emergency notify: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY

List current or most recent first.

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

2. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

3. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## FIREFIGHTER TRAINING/EXPERIENCE

List current or most recent first. If you list any past experience, you must include certificates with your application.

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

2. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## EMS TRAINING/ EXPERIENCE

EMS Training:

None     EMT-B     First Responder     Paramedic     Other: \_\_\_\_\_

Present Qualifications:

Basic First Aid     Advanced First Aid    Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

EMT- State: \_\_\_\_\_ Expires: \_\_\_\_\_

Paramedic – State: \_\_\_\_\_ Expires: \_\_\_\_\_

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

Experience:

None     Field EMS     ER     Other: \_\_\_\_\_

Location/Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

## REFERENCES

1. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

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

# SPOKANE COUNTY FIRE DISTRICT #4

## RELEASE OF INFORMATION

I hereby authorize Spokane County Fire District 4 to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for or which I may be engaged. I further acknowledge and agree that the District may:

- A. Contact my present or former employers.
- B. Confirm the status of my driver's license and driving record.
- C. Inquire into any criminal convictions on my record.
- D. Contact any personal references provided.
- E. Verify my educational background and training.

I specifically authorize any person, firm, or corporation contacted by Spokane County Fire District 4 to release any of the above records to the District and waive any privilege of confidentiality I may have with respects to said records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

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

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

## CONSUMER REPORT DISCLOSURE

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. ("FCRA"), and its applicable state counterparts, Spokane County Fire District 4 (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 Consumer Report Disclosure.

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

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

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



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

P.O. Box 1308, Snohomish, WA 98291  
Phone: (888) 443-0135 // Fax: (888) 226-6952  
[www.dataquestllc.com](http://www.dataquestllc.com)

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

Applicant Name: _____			
Last	First	Middle	
List additional AKA/Alias names used in the LAST 7 YEARS: _____			
Date of Birth*: _____ <small>(*Used for identification purposes only)</small>		Social Security #: _____	
Phone Number: _____		Email Address: _____	
Driver's License #: _____		State Issued: _____	Expires: _____
<b>*** Please list addresses used during the LAST 7 YEARS ***</b>			
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 Consumer Report Disclosure ("Disclosure") that accompanies this Authorization Form ("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:** \_\_\_\_\_

## What to Expect...

Below is a list of trainings that you will be expected to do with District 4. To become a firefighter with District 4 is a task that requires approximately 18 months of training. Becoming a firefighter is a commitment that should not be taken lightly. Please discuss the time constraints with your family before initialing below.

By initialing below, you are stating that you understand how much time each of the following classes will take. You are required to take all of the classes below unless you have provided the District with a certificate proving that you have already attended said training.

Please initial next to each training:

### Probationary Training:

\_\_\_\_\_ Recruit School: Seven-week class. Class is every Wednesday evening from 6 pm to 10 pm and every Saturday from 0800 to 1700. You are expected to attend every class. You can miss a total of 12 hours of training that must be pre-excused and made up at a later date.

\_\_\_\_\_ EMT Class: Twelve-week class. Class is every Monday and Wednesday from 6 pm to 10 pm and every other Saturday from 8 am to 5 pm. You are expected to attend every class. You can miss a total of three classes that must be pre-excused and made up at a later date.

\_\_\_\_\_ Initial Wildland: Approximately 32 hours (length and time of day depends on track chosen and schedule put in place by Eastern Washington Fire Training Academy). An example of two different wildland schedules are as follows: Day Track- Sunday to Wednesday and Saturday from 7:30 am to 7 pm. Evening and Weekend Track- Saturday and Sunday (weekend 1) 7 am to 7 pm, Monday to Friday from 6 pm to 10 pm and Saturday (weekend 2) 7 am to 6 pm. You cannot miss any class.

\_\_\_\_\_ EVIP (Emergency Vehicle Incident Prevention): 8 hours total. Two-week nights. You are only required to go to day one of class if you have provided the District with an EVIP certificate and it is signed off in your task book. If you have not provided the District with a certificate, both days are required.

\_\_\_\_\_ HAZMAT Class: One-weekend class: Saturday and Sunday from 8 am to 5 pm. Both days are required unless a certificate has been provided and it is signed off in your task book.

\_\_\_\_\_ Extrication Class: One-day class: Saturday from 8 am to 5 pm. Required for everyone.

\_\_\_\_\_ Probationary Task Book: Along with the classes above, each probationary firefighter is expected to complete a probationary task book that will take approximately 18 months (unless otherwise stated on the front of your task book). This task book is required for each probationary firefighter.

### Ongoing Training- Monthly:

\_\_\_\_\_ Monthly Training Expectation: You will attend two hours of EMS training and two hours of Fire training every month, unless enrolled in EMT, Recruit School or Initial Wildland Class.

\_\_\_\_\_ Shift training: You are expected to do a minimum one hour of shift training every month while on shift.

### Shift Requirement- Monthly:

\_\_\_\_\_ Monthly Shift Requirement: You are expected to pull (1) 12-hour shift every month if you live within Fire District 4's boundaries or (2) 12-hour shifts every month if you live outside of Fire District 4's boundaries.

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Printed Name