WEST BENTON FIRE RESCUE

APPLICATION

PACKET

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Highlighted pages must be returned

1200 Grant Avenue
Prosser, WA 99350
PH: 509-786-3873
www.westbentonfireresc ue.org

Minimum requirements for becoming a Volunteer Firefighter include:

Pre-Employment Requirements

- Complete accurate application (incomplete applications will not be accepted)
- Must be 18 years of age at appointment and eligible to work in the United States
- Possess a High School Diploma or GED
- Must be eligible for employment in the United States.
- Possess a valid Washington State Driver's License.
- Have and maintain an insurable driving record with no more than two traffic violations
- Have a clear criminal history for crimes against people, drugs, and firearms, etc.
- Must complete A Ride-A long's *(0800-1700, Monday-Friday, No Holidays)*
- Successfully pass a Washington State Patrol background check
- Live within a reasonable response time to District boundaries and/or stations.
- Successful completion of the District's Physical Agility Test
- Complete oral board interview and recommendation for hire or residency
- Successful completion of the District's Physical Agility Test
- Successful completion of a Medical Examination by the District's medical provider
- Successful completion of a Psychological Examination by the District's medical provider
- Have reliable transportation
- Must read and write in the English language
- Reside within district boundaries (Volunteer)

Application process steps:

1. Fill out the application and return it to Station 310 at 1200 Grant Ave in Prosser, Washington. Administration will process your driving record and background check will be processed, usually in 1 week.
2. Be sure to include copies of your Washington State Driver's License and Social Security Card.
3. The Administration will conduct a background check and obtain driving history from the State of Washington DOL. Upon successfully passing the background screening, you will be contacted to schedule an intake interview. Or you may Call 509-786-3873 or email eclara@westbentonfirerescue.org to set up this appointment.
4. You will be notified of the date and time of the physical agility test, upon passing the (PAT) you will then be interviewed by an oral board.
5. If you are selected, you will then be prompted by our administration with the date of a firefighter pre-hire medical physical at Frontline Medical and a psychological exam conducted by Kenneth Cole, PsyD. You may not participate in training drills or emergency responses until both exams has been completed and documented. However, you may be allowed to attend and "observe" all regularly scheduled training events such as weekly volunteer drills.
6. Once both exams has been completed, the administrator will contact you to complete the hiring process; Filling out forms such as W4, enrollment of ADD insurance, LifeFlight Membership, Payroll ACH, WBFFA membership form and other forms as required.
7. You will be contacted to be assigned the appropriate equipment, assigned to either the 310 or 320 response station and your training will begin.

Thank You!

The West Benton Fire Rescue Team

EMPLOYMENT APPLICATION - REQUIREMENTS

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

**** A cover letter of interest and a resume is encouraged; however, it will not be accepted in lieu of a complete application.***

APPLICATION FORMS REQUIRED CHECK LIST

- ☐ Position Description *(Provided)*
- ☐ Position Applying *(Provided)*
- ☐ Complete Employment Application *(Provided)*
- ☐ Certificate of Applicant - *(Provided)*
- ☐ Authorization for Background Check - *(Provided)*
- ☐ Background Check Disclosure - *(Provided)*
- ☐ Driving Record Release of Interest - *(Provided)*
- ☐ Release Information Waiver and Authorization - *(Provided)*
- ☐ Code of Ethics - *(Provided)*
- ☐ Complete Ride-Along Waiver and Agreement - *(Provided)*
- ☐ Ride-Along Release of Liability - *(Provided)*

ADDITIONAL REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

- ☐ Photocopy of valid Driver's License (WA State License required before end of probation)
- ☐ Photocopy of Social Security Card

DOCUMENTS NOT REQUIRED - HIGHLY RECOMMENDED AND ENCOURAGED

- Resume * *will not be accepted in lieu of a complete application.*
- Cover Letter of Interest
- Photocopy of Birth Certificate
- Provide proof of current valid Auto Insurance
- Photocopy of High School Diploma or GED

WEST BENTON FIRE RESCUE

VOLUNTEER FIREFIGHTER
JOB DESCRIPTION

DEFINITION:

Volunteer Firefighters work includes responding to and dealing with emergency situations, natural conditions that pose a threat to life and property, and incidents of service to the citizens. Members in this position are responsible for the protection of life and property through firefighting activities, emergency medical services, public education, and other similar duties. They perform a full range of emergency work under adverse and strenuous physical conditions. Volunteer Firefighters have an elevated risk of exposure to hazardous conditions, toxic chemicals and infectious diseases encountered during firefighting or emergency medical incidents.

Volunteer Firefighters perform duties in the following areas: emergency firefighting operations (structural, wild land, vehicles), emergency medical operations, special rescue operations, public education, public relations, and other duties as directed by the Fire Chief.

This is a volunteer non-compensated position appointed by the Fire Chief

SUPERVISION RECEIVED AND EXERCISED:

Volunteer firefighters report to and are accountable to the officers of the Fire District. Their performance will be evaluated by their respective officer based on work quality, proficiency, knowledge of emergency operations, apparatus, equipment, procedures, responsibilities, drill attendance, and participation in emergency responses.

Supervises: Volunteer Firefighters assume the duties and responsibilities of the Volunteer Officer, in an acting capacity, when assigned or responding to emergency calls, in the absence of an Officer. Supervises other Volunteer Firefighters and volunteer personnel during emergency operations, and training sessions.

ESSENTIAL FUNCTIONS:

- Ability to wear specialized safety equipment (bunker gear, respirators etc.) and perform physically demanding hazardous work for extended periods of time in emergency conditions of high stress, strenuous physical exertion under such conditions as height(s), cramped surroundings, hot smoky environments, and limited visibility.
- Perform and maintain physical conditioning in accordance with the Fire District's health and fitness requirements.
- Receive emergency alarms; operate radio and other communications equipment under routine and emergency conditions.
- Drive or ride Fire District apparatus to alarms, place equipment, lay and connect hoses and nozzles, climb ladders, use high pressure water hoses, raise ladders, use chemical extinguishing agent's, fire pumps, hydraulic equipment, power tools, hand tools during emergency and non-emergency operations and other tools and equipment as required.
- Remove people from dangerous and hazardous environments and administer emergency medical aid as required.

EDUCATION AND EXPERIENCE REQUIREMENTS:

- 18 years old at time of employment
- High School graduate, GED or equivalent.
- Must possess a valid Washington State Driver's License and successfully complete the employer's defensive driving program.

SPECIAL REQUIREMENTS:

- Basic computer experience
- Must be able to successfully pass a criminal and driving background check.

TOOL AND EQUIPMENT USED:

- Motorized apparatus with pumps and aerial ladders used in the course of firefighting; hydraulic tools, hand held power tools and hand tools used in extrication forcible entry and other firefighting activities; medical aid equipment like AEDs, BVM, and other such equipment used by an EMT in the emergency treatment of a medical aid or trauma patients; office computers and software; janitorial tools used for cleaning and maintenance of facilities; ground maintenance tools, such as lawn mowers, lawn edger's and the hand tools used to maintain the grounds around fire stations.

PHYSICAL DEMANDS:

- A Volunteer Firefighter must be able to carry a self-contained breathing apparatus weighing approximately 35 pounds on his/her back and support 100 pounds of hose on his/her shoulder while walking to a fire in full protective clothing.
- A Volunteer Firefighter must be able to crawl on his/her hands and knees.
- A Volunteer Firefighter must be able to climb up and down ladders and stairs while carrying equipment, patients, victims, or hose lines.
- Able to work on slippery surfaces including rooftops, ladders, aerial ladders, scaffolding or other elevations over 12 feet from the ground.
- A Volunteer Firefighter must be able to pull heavy objects such as a person from a hazardous condition.
- A Volunteer Firefighter must be able to work at ambient temperatures of 100 to 500 degrees wearing protective clothing and a self-contained breathing apparatus.
- A Volunteer Firefighter must be able to work in a confined space of a structure or cramped body positions (e.g., cars closets, attics, and crawl spaces.)
- A Volunteer Firefighter must be able to lift a loaded stretcher into an ambulance.
- A Volunteer Firefighter must be able to grip ropes and tools with gloved hands.
- A Volunteer Firefighter must be able to use equipment to pull down ceiling or walls requiring his/her arms to be above his/her head.
- A Volunteer Firefighter must be able to cut or chop holes in roofs, walls, and floors using an axe.
- A Volunteer Firefighter must be able to lift a ladder weighing 75 pounds off a truck or off the ground safely.
- A Volunteer Firefighter must be able to walk long distances while carrying medical equipment or wild land hand tools and still be able to function without rest upon arriving at the destination.
- A Volunteer Firefighter must have good vision to include close and distance, able to see colors and adjust focus as needed.
- A Volunteer Firefighter must be able to hear and talk clearly.

- Ventilate burning structures; perform salvage operations and other related tasks.
- Read, comprehend, understand and be familiar with and adhere to Fire District policies, Standard Operating Guidelines, directive, and procedures.
- Participate in public education and public relation events.
- Maintain personal appearance as directed by Fire District policies, Standard Operating Guidelines, directive, and procedures.
- Attend conferences, classes, training sessions on firefighting, emergency medical services, special rescue, disaster control as directed.
- Maintain skill levels through ongoing training to prevent degradation of skills.
- Perform other related work as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledgeable:

- Knowledgeable in modern methods, principles, techniques, and practices applied to firefighting and related fields.
- Knowledgeable in hazardous materials: Recognition & Identification, firefighting awareness and defensive operations.
- Knowledgeable in the topography and street locations throughout the Fire District's district.
- Knowledgeable in basic building construction, building hazards, built-in protective systems, general control points, the placement and operation of public utilities etc.
- Knowledgeable about traffic laws, ordinances and regulations involving emergency and non-emergency operations of fire vehicles, apparatus, and equipment.
- Knowledgeable in the mechanical and operating principles involved in the operation and maintenance of firefighting apparatus and equipment.

Skilled:

- Skilled in dealing with the public courteously and effectively.
- Skilled in maintaining harmonious working relationships with coworkers.
- Skilled in communicating effectively both orally and in writing.

Ability:

- Ability to understand and execute specific orders or instructions.
- Ability to rapidly analyze dangerous situations and accurately act/react quickly, calmly with a professional demeanor taking a reasonable course of action in real and potentially hazardous conditions to the extent of the possibility of severe injury or loss of life.
- Ability to ensure that all work is performed in a safe manner, following all applicable safety guidelines.
- Ability to perform the described duties and/or tasks mentally and physically as a Volunteer Firefighter.
- Ability to read, comprehends, understand and be familiar with and adhere to Fire District policies, Standard Operating Guidelines, follow directive and procedures.
- Ability to perform physically demanding firefighting tasks, including carrying and operating fire hoses, ladders, and rescue equipment.

WORK ENVIROMENT:

The work environment characteristics described here are representative of those a member encounters while performing the essential functions of this job.

- The member frequently works near moving mechanical parts inside and outside in all weather conditions. Fifty to ninety percent of the work time is spent outside a building and exposed to the sun, wind, rain, or snow. Volunteer Firefighter's work location and environment is conditional based upon the location of an emergency. Members may find themselves working at, and/or in any given resident, commercial structure or other structure within the district and/or neighboring district; on state HWY, county roads, city streets and the like; open space such as open, pastures, fields, forests; office setting; apparatus bays.
- The noise level in the work environment is moderately noisy.

SELECTION GUIDELINES:

- Formal applications, education, and experience; written testing, oral interview, reference check, background checks and job-related tests may be required.
- The essential duties, knowledge, skills, and abilities listed above are intended only as illustrations of the diverse types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.
- The job description does not constitute an employment agreement between the employer and member and is subject to change by the employer as the needs of the employer and requirements of the job change.

SIGNATURES:

Member's Signature Date

Fire Chief Date

Deputy Fire Chief Date

Note: This document will be reviewed and updated if the duties of this position are changed significantly.

RETURN TO WBFR

Para información en español,visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumers reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report.
    - you are the victim of identity theft and place a fraud alert in your file.
    - your file contains inaccurate information as a result of fraud.
    - you are on public assistance.
    - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies**:**

CONSUMERS HAVE THE RIGHT TO OBTAIN SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purpose of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active-duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Non-member Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations. d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

Consumers Have The Right To Obtain A Security Freeze

Pursuant to Title III of the "Economic Growth, Regulatory Relief, and Consumer Protection Act" (PL No. 115-174), you have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purpose of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To place a security freeze or fraud alert on your credit report please contact the following consumer reporting agencies:

Equifax
https://www.freeze.equifax.com/Freeze/jsp/SFF_PersonalIDInfo.jsp
https://www.alerts.equifax.com/AutoFraud_Online/jsp/fraudAlert.jsp

Experian
https://www.experian.com/freeze/center.html
https://www.experian.com/fraud/center.html

TransUnion
https://www.transunion.com/credit-freeze/credit-freeze-faq.page
https://www.transunion.com/fraud-victim-resource/place-fraud-alert

Application for Employment

Thank you for your interest in West Benton Fire & Rescue. We pride ourselves on our commitment to this community and we would like to welcome you to our team. Please take your time in filling out this application packet. Read all documents carefully before signing.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified individual with disability status, or any other protected status. All applicants are required to complete an application for employment.

If you are applying to be a Volunteer Firefighter or to apply to enter the Resident Firefighter Program and do not have previous experience, West Benton Fire Rescue will provide training through a training academy for wildland and structural firefighting. The District will also provide opportunities for Emergency Medical Technician training to firefighters involved with the District.

Along with calls for service, we provide fire prevention education with local elementary school students, pre-schools, and daycare centers. We also provide scheduled tours of the station, citizens ride-a longs, attend requested for appearances, and most local community functions.

Position(s) Applied For:

☐ ☐ Volunteer Firefighter
☐ ☐ Resident Firefighter Program
☐ ☐ Career EMT/Firefighter

Date of Application: _____

RETURN TO WBFR

EMPLOYMENT APPLICATION

WEST BENTON FIRE RESCUE
1200 Grant Avenue
Prosser, WA 99350
Phone 509-786-3873
www.westbentonfirerescue.org

Return completed applications to:

West Benton Fire Rescue
1200 Grant Avenue
Prosser, WA 99350
Monday – Friday
8am – 4pm

INSTRUCTIONS: Please answer all questions on this application completely and accurately. All statements are subject to verification. Incorrect statements could result in rejection or termination. A resume may be submitted but **NOT** substituted for this application. Please print clearly in dark ink or type.

Social Security #	Last Name	First Name	MI
Physical Address		Mailing Address	

City	State	Zip	Home Phone	Work Phone	Cell Phone
			( )	( )	( )

Have you volunteered for other organizations: NO☐ YES☐ _____

Are you either a citizen of the United States or an alien authorized to work in the United States? ☐ **YES** ☐ **NO**
(Employment is subject to verification of your legal right to work in the U.S.)

Washington Driver's License #:	Expiration Date:	Can you provide proof of Insurance: ☐**YES** ☐**NO**

Have you ever been convicted of a misdemeanor or felony, including traffic violations? ☐ **YES** ☐ **NO**

If **YES**, please give details including type of offense, sentence, and dates on a separate sheet of paper.
(A conviction will not necessarily be a bar to employment/volunteering. Facts such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be considered.)

OFFICE USE ONLY	
App. Received:	Letter Sent:
Oral Interview:	Date:
Physical Agility:	Date: **Pass** **Fail**
Background Check: Driver History Check:	
Start Date:	

Email address:

REFERENCES:

Name	Company & Title	Relationship to you	Phone #	Alternate #
1.				
2.				
3.				

RETURN TO WBFR

Give a complete account of your employment. Begin on the first line with your present or most recent position and work back.
Last 5 years of employment only. (Please attach an additional sheet if necessary and include all periods of unemployment.)

EMPLOYMENT RECORD: DO NOT indicate "see resume."

MONTH / YEAR STARTED	NAME, ADDRESS, PHONE, OF EMPLOYER	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	NAME, ADDRESS, PHONE, OF EMPLOYER	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	NAME, ADDRESS, PHONE, OF EMPLOYER	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

EDUCATION AND TRAINING : (Pursuant to State law, use of a false or misleading degree is prohibited.)

	School Name City and State	# Years Attended	Did You Graduate?	Major Subjects, Special Courses Degrees
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES & CERTIFICATIONS:				
OTHER SKILLS:				

List any skills, including Fire or Medical experience that might be of benefit to the Fire Department: _____

_____

_____

MEDICAL HISTORY:

Do you have any physical condition which may limit your ability to perform the duties of the position for which you have applied? ☐ **YES** ☐ **NO**
If YES, please explain: _____

_____

Any medication allergies? **YES** ☐ **NO** ☐ **If yes, please list:**

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:			Relationship to you
Name	Address	Phone	
Name	Address	Phone	

RETURN TO WBFR

CERTIFICATE OF APPLICANT (Read carefully before signing.)

I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

If I am considered for employment/volunteer, I authorize any inquiry to be made about any information contained in this application. I agree to provide additional information as may be requested; and I authorize West Benton Fire Rescue, Fire District and agencies or companies by choice of West Benton Fire Rescue, Fire District to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment or to volunteer, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by WBFR . I understand that the reason for such testing is that WBFR endeavors to operate its business in a safe manner for all employees, volunteers, customers, residents, visitors, and/or guests. The results of such testing will be communicated to WBFR or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be considered for employment or volunteering.

If I am employed or volunteer, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work and volunteer in the U.S.A.

If employed or volunteer, I agree to abide by West Benton Fire Rescue, Fire District rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed or volunteer, such employment/volunteering will be for an indefinite period and can be terminated at any time by WBFR or myself, without notice and/or without cause.

I understand that this is an application only and that it does not constitute an offer of volunteering/employment or an employment contract. As the Applicant named above, I authorize WBFR and/or its agents to:

1. Obtain verification of information provided by me in this employment/volunteer application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education records, conduct, and skills.

The information obtained will in no way be used in violation of any federal or state equal employment opportunity law or regulation. I further authorize all institutions, agencies, companies, or person(s) referred to above, to give West Benton Fire Rescue, Fire District and/or its agents all the information requested. I release WBFR , its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.

A copy of this authorization and release shall be as valid as the original.

APPLICANT'S SIGNATURE: _____ ***DATE:*** _____

DRIVERS LICENSE # & STATE: _____ ***SOCIAL SECURITY #:*** _____

RETURN TO WBFR

WEST BENTON FIRE RESCUE

1200 Grant Avenue
Prosser, WA 99350
509-786-3873

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by West Benton Fire and Rescue ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656;** www.backgroundscreeersofamerica.com and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state, or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if the Employer obtains one. □

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth* _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

WEST BENTON FIRE RESCUE

1200 Grant Avenue
Prosser, WA 99350
509-786-3873

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

West Benton Fire Rescue ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon a written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreeersofamerica.com.** The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature: _____ Date: _____

RETURN TO WBFR

WASHINGTON STATE DEPARTMENT OF LICENSING

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company–To be completed by the company or the agent of the company.

PRINT or TYPE Company name.
WEST BENTON REGIONAL FIRE AUTHORITY

Agent company name *(if applicable)*
WEST BENTON FIRE RESCUE

Company/Agent company address
1200 GRANT AVENUE PROSSER, WA 99350

Authorized representative name.	Title
GAYLE CARRASCO	ADMINISTRATOR

Answer the following.

1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . ☑ Yes ☐ No
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? . . . . . ☑ Yes ☐ No
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? . . . . . ☑ Yes ☐ No
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? . . . . . ☑ Yes ☐ No

Certification

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

PROSSER, BENTON COUNTY
Date and place (city or county) signed

X _____
Authorized representative signature

Employee, prospective employee, or volunteer–Complete this section and return the form to the company.

PRINT or TYPE Full name *(First, Middle, Last)*	Date of birth *(mm/dd/yyyy)*	WA driver license number

Authorization from

☐ Employee–for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment

☐ Prospective employee–for release of my driving record for employment purposes, not to exceed 30 days from date signed

☐ Volunteer–for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization

Employer, prospective employer, or volunteer organization name
WEST BENTON REGIONAL FIRE AUTHORITY

Employer agent company name if acting on behalf of the company for employment purposes.
WEST BENTON FIRE RESCUE

Authorization

I am an employee, prospective employee, or volunteer of the company named above, and I request that a copy of my Washington State driving record be sent to them/their agent.

X **Please sign here.** _____
Signature Date

RCW 46.52.130
DSC-425-020 (R/5/19)WA

RETURN TO WBFR

Waiver and Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the West Benton Fire Rescue with any and all information 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 West Benton Fire Rescue.

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 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 me before this day of _____, 20 _____.

Notary public in and for the State of Washington, Residing at _____.

Notary Signature _____

Notary Name _____

Commissioner Expires _____

RETURN TO WBFR

WEST BENTON FIRE AND RESCUE

CODE OF ETHICS

All members of West Benton Fire Rescue shall:

1. Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all our public activities to inspire public confidence and trust.

2. Serve the public with respect, concern, courtesy, and responsiveness, recognizing that service to the public is beyond service to oneself.

3. Approach our organization and operational duties with a positive attitude and constructively support open communication, creativity, professionalism, dedication and compassion.

4. Avoid any activity or personal gain which conflicts with the conduct of our official duties.

5. Respect and protect the privileged information to which we have access in the course of official duties.

6. Accept the responsibility to keep up to date on emerging issues and to administer the public's business with professional competence, fairness, impartiality, efficiency, and effectiveness.

7. Support and follow the policies procedures, guidelines and documents of West Benton Fire Rescue and respect the decisions made by the Board of Fire Commissioners, Fire Chief, Fire Officers, and fellow members.

I HAVE READ AND UNDERSTAND THE CODE OF ETHICS OF WEST BENTON FIRE RESCUE.

DATE:_____ SIGNATURE:_____

RETURN TO WBFR

Employment Applicant Ride-Along Agreement and Waiver

1. Start Date: _____ **End Date:** _____

Programs: ☐ Citizen Ride-Along, Employment Application *(Mandatory)*

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: _____

Name *Relationship* *Phone*

As a ride along with the West Benton Fire Rescue 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 always under the complete direction and supervision of the fire officer.

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 old or older. If younger, this agreement is completed by parent/guardian.
6. That I, my heirs, executors and assigns indemnify and hold harmless WBFR, and any of its employees, for any claims, amounts and/or damages that may arise from my conduct while I am participating in 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*

RETURN TO WBFR

WBFR RIDE-ALONG RELEASE OF LIABILITY

I would like to apply to participate in the WBFR Ride-Along 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, which I may now have or might otherwise make in the future resulting from my participation in the Program against the West Benton Fire Rescue and its officers, agents, servants and employees. Further, I agree to indemnify, defend and hold harmless WBFR 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 WBFR 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 to disseminate media coverage of my participation in the Program for public relations purposes without any personal compensation.

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

APPLICANT:

_____ _____

Name (printed) *Signature*

_____

Date

RETURN TO WBFR