



# Stevens County Fire Protection District No. 1

4532 Railroad Avenue • P.O. Box 246 • Clayton, WA 99110  
Office: (509) 262-9660 • Fax: (509) 262-9661

Prospective Firefighters:

The Commissioners of Stevens County Fire Protection District No. 1 appreciate your interest in becoming a firefighter. Your willingness to accept the responsibility to help protect your community in times of emergency is commendable.

Our District covers approximately 375 square miles in the southern end of Stevens County. The District has eight stations and approximately 70 firefighters.

This packet contains several documents that require information in order to process your application. Included in the packet is a Release of Records Form, which requires a **NOTARY** affidavit witnessing your signature. The District's application process includes providing two letters of reference, and completing a criminal background check, driving record abstract, physical examination, physical agility test and an interview with the Fire Chief.

The physical exam form will be sent to you after the initial background screening is completed. The physical examination may be completed by the Deer Park Family Care Clinic (276-5005) or The Lake Spokane Community Health Center (434-3627). The District will cover the cost of the physical if completed by the designated clinic.

The State of WA requires that you complete certain safety, first aid, and driver training classes in order to become a volunteer firefighter. These classes are required to insure your safety, the safety of you fellow firefighters, and the safety of the public. **These classes occur on evenings and weekends and are mandatory.** The District also has minimum participation standards for drills and incidents that will be discussed with you prior to appointment as a volunteer.

The information you have provided will be reviewed by the Fire Chief for approval. The Fire Chief must approve your application **BEFORE** the Fire Commissioners confirm your appointment as a volunteer.

Should you have any questions, please contact the District Office at **262-9660 ext. 301**. Welcome to Fire District 1.

Board of Commissioners  
Stevens County Fire Protection District No. 1

Dean Westerman, Chairman  
Claude Earl "Skip" Wells, Commissioner  
William R. Madison, Commissioner



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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

I AM INTERESTED IN:  BOTH FIRE/EMS  FIRE ONLY  EMS ONLY  SUPPORT UNIT

### PERSONAL

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ MARITAL STATUS:  Single  Married

NAME OF SPOUSE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

WASHINGTON STATE DRIVERS LICENSE NO. \_\_\_\_\_ RESTRICTIONS OR ENDORSEMENTS \_\_\_\_\_

TRAFFIC CITATIONS LAST 3 YEARS \_\_\_\_\_

### MEDICAL AND EMERGENCY

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS/TELEPHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_ ALLERGIES OR CONDITIONS THAT COULD AFFECT EMERGENCY TREATMENT \_\_\_\_\_

PHYSICAL RESTRICTIONS, DISABILITIES, OR LIMITATIONS (INCLUDING VISION, HEARING, ALLERGIES, BACK PROBLEMS, LIFTING ABILITY, FEAR OF HEIGHT, ETC.) \_\_\_\_\_

### EDUCATION

HIGH SCHOOL GRADUATE  YES  NO  GED COLLEGE (MARK HIGHEST LEVEL COMPLETED):  1  2  3  4

MAJOR AREAS \_\_\_\_\_

### PRESENT EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED?  YES  NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

NAME/ADDRESS OF EMPLOYER \_\_\_\_\_

EMPLOYMENT DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

### EMPLOYMENT HISTORY LIST LAST 2 EMPLOYERS, BEGINNING WITH THE MOST RECENT ONE FIRST:

NAME/ADDRESS/PHONE NUMBER OF EMPLOYER \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**EMPLOYMENT HISTORY (Continued)**

NAME/ADDRESS/PHONE NUMBER OF EMPLOYER \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**FIREFIGHTER HISTORY**

Training:  None  Washington State Fundamentals of Firefighting  
 Other Training (include dates, locations, certificates) \_\_\_\_\_

Experience:  None  Structural  Forest  Field  Other \_\_\_\_\_  
Locations, Dates \_\_\_\_\_

**FIRST AID - EMS HISTORY**

Training:  None  Prior training,  expired: Level \_\_\_\_\_ Date Expired \_\_\_\_\_

Present Qualifications:  Basic First Aid  Advanced First Aid  
Type \_\_\_\_\_ Expires \_\_\_\_\_  
 First Responder Expires \_\_\_\_\_  
 EMT: State \_\_\_\_\_ Expires \_\_\_\_\_  
 IV Tech  Airway Tech  Defib  
 Paramedic: State \_\_\_\_\_ Expires \_\_\_\_\_  
 RN  LPN  Other \_\_\_\_\_

Experience:  None  Field EMS (fire or ambulance)  ER  Other \_\_\_\_\_  
Location, dates \_\_\_\_\_

**REFERENCES: LIST AND ATTACH TWO LETTERS OF REFERENCE LIST THE NAMES OF 2 PEOPLE NOT RELATED TO YOU WHO HAVE KNOWN YOU AT LEAST ONE YEAR:**

| NAME:    | ADDRESS: | BUSINESS: | YEARS KNOWN: |
|----------|----------|-----------|--------------|
| 1) _____ | _____    | _____     | _____        |
| 2) _____ | _____    | _____     | _____        |

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? IF SO, PLEASE EXPLAIN BELOW. YES NO

**AUTHORIZATION**

I HEREBY CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION ALONG WITH THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**OFFICE PURPOSES ONLY:**

DRUG TEST  PASS  FAIL \_\_\_\_\_

PHYSICAL TEST(S)  PASS  FAIL \_\_\_\_\_

MISCELLANEOUS TEST(S)  PASS  FAIL \_\_\_\_\_

ACCEPTANCE BY DISTRICT:  ACCEPTED  NOT ACCEPTED

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

# REQUEST FOR RELEASE OF POLICE RECORDS

I, the undersigned, do hereby request the release of the documents or information described herein to the persons described herein in accordance with the following terms and conditions. I understand that the County of Stevens nor their employees individually make any warrant, either actual or implied, as to the accuracy of the documents or information released pursuant to this release.

I hereby covenant to hold the County of Stevens and their employees individually harmless and blameless for any injury to myself or others resulting from the release of documents or information pursuant to this release and in case any suit shall be brought against the County of Stevens or their employees individually in regard to the contents or release of the documents or information described herein, including any suit brought under Chapter 43.4. and 72.50 of the Revised Code of Washington, I hereby covenant to assume the defense thereof, and to pay any and all judgments that may be incurred or obtained against the County of Stevens or their employees individually.

- 1) Information or documents requested: **CRIMINAL HISTORY RECORD AND DRIVING ABSTRACT**
- 2) I request release of this information to Stevens County Fire District No. 1.

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

First Middle Last

\_\_\_\_\_ Address \_\_\_\_\_

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

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

Month Day Year

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

State of Washington )

) ss.

County of Stevens )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My appointment expires \_\_\_\_\_

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633  
Olympia WA 98504-2633

## REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD

### INSTRUCTIONS:

PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATRIOL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH **\$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK OR CASHIER CHECK**, (no personal checks), PAYABLE TO THE WASHINGTON STATE PATROL.

**NOTE:** The requested record information is furnished solely on the basis of name and or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

### **A** SUBJECT INFORMATION: (Please provide as much information as possible in space below)

Applicant's Name \_\_\_\_\_  
Last First Middle

Alias/ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Drivers Lic. Number/ State: \_\_\_\_\_

WSP USE ONLY

### **B** REQUESTER INFORMATION:

DATE: \_\_\_\_\_  
Mo. Day Yr. (print) Name / Title of Requester

PHONE No. (509) 262-9660 \_\_\_\_\_  
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Stevens County Fire District #1  
4532 Railroad Avenue  
P.O. Box 246  
Clayton, WA 99110

Right Thumb Print (optional)



## Driving Record Request

You may use this form to request **your driving record**. We will mail, email, or fax your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records  
**Department of Licensing**  
 PO Box 9048  
 Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

|   |   |                                      |
|---|---|--------------------------------------|
| Requestor name ( <i>Last, First, Middle Initial</i> )   |   |                                      |
| Washington driver license number  | Date of birth                                 | (Area code) Daytime telephone number |
| Name of individual or company you want your drive record sent to  |   |                                      |
| How would you like your driving record sent to you? (Check one only)<br><input type="checkbox"/> US mail <input type="checkbox"/> email <input type="checkbox"/> Fax  |   |                                      |
| Delivery information (Mailing address, email, or (Area code) Fax number)  |   |                                      |
| <p>Type(s) of record<br/>         Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic related convictions, violations, collisions, suspensions, revocations, and disqualifications.</p> <p>We offer the following types of driving records. Check the box beside the type(s) you need.</p> <p><input type="checkbox"/> <b>Noncommercial insurance record.</b> Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> <b>Commercial insurance record.</b> Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> <b>Life insurance record.</b> Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> <b>Employment/Commercial record.</b> Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire.</p> <p><input type="checkbox"/> <b>Volunteer vanpool driver record.</b> Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle.</p> <p><input type="checkbox"/> <b>Volunteer organization driver record.</b> Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled.</p> <p><input type="checkbox"/> <b>School bus driver record.</b> Available to school districts to determine employment eligibility for school bus operation.</p> <p>This request is to be billed and mailed to school district _____</p> <p>School district authorization _____ Requestor code _____</p> <p><input type="checkbox"/> <b>Complete record.</b> Available to the individual named on the driving record, defense attorneys, law and justice agencies, and governmental agencies.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p> |   |                                      |
| Date and place  | <b>X</b><br>Signature (Valid for four months) |                                      |

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

|  |  |          |  |          |       |
|--|--|----------|--|----------|-------|
| <b>A</b>   | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> | _____  |          |       |
| <b>B</b>   | Enter "1" if:<br><table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>  | {        | <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>   | <b>B</b> | _____ |
| {  | <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>   |          |  |          |       |
| <b>C</b>   | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .  | <b>C</b> | _____  |          |       |
| <b>D</b>   | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | _____  |          |       |
| <b>E</b>   | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> | _____  |          |       |
| <b>F</b>   | Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .   | <b>F</b> | _____  |          |       |
| <b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) |  |          |  |          |       |
| <b>G</b>   | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   |          |  |          |       |
|  | • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.  |          |  |          |       |
|  | • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.  | <b>G</b> | _____  |          |       |
| <b>H</b>   | Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶   | <b>H</b> | _____  |          |       |
|  | For accuracy, <b>complete all worksheets that apply.</b><br><table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table> | {        | <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |          |       |
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

|  |   |   |
|--|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p> | OMB No. 1545-0074<br><div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>   |
| 1 Type or print your first name and middle initial. Last name  |   | 2 Your social security number   |
| Home address (number and street or rural route)  |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code  |   | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |   | 5 _____   |
| 6 Additional amount, if any, you want withheld from each paycheck  |   | 6 \$ _____  |
| 7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |   | 7 _____   |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   |   |   |
| Employee's signature<br>(Form is not valid unless you sign it.) ▶  |   | Date ▶  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |   | 9 Office code (optional) 10 Employer identification number (EIN)  |