

BRINNON FIRE DEPARTMENT

PO Box 42
272 Schoolhouse Road
Brinnon WA, 98320
Phone: 360-796-4450

Fire Chief Timothy R. Manly Sr.



Congratulations!!!

You have taken the first step to a rewarding career with the Fire Service. There are many adventures ahead for you, as well as a feeling of great satisfaction in helping both your neighbor as well as your community.

The Brinnon Fire Department is governed by a 3 member elected Board of Fire Commissioners. The daily operations of the department are conducted by a Part-time Fire Chief and a full time District Secretary. Our Responders are made up of a combination of, 3 full time paid FF/EMT -B and ILS Technicians and an outstanding core of 14 volunteer Firefighters & EMS Providers.

The fire district covers an area of 131 sq. miles, from MP299 on the north side of MT Walker to the Mason County Jefferson County line at the south end, from the Hood Canal waterway in the east, out to the WA State and Federal Lands to the west. In order to provide this service we operate from 1 station, Station 41- Fire Headquarters which is located at 272 Schoolhouse Road. We also perform such civic duties as Parades, Fund Drives, CPR classes, fire safety classes, disaster preparedness training and blood pressure checks.

MATERIAL TO SUBMIT

1. Completed application
2. A Copy of both sides of your driver's license.
3. A copy of your 5 year driving abstract – Obtainable from WA DOL, or issuing state.
4. A Copy of your EMS Provider card – If applicable
5. A Copy of all pertinent training records

THE APPLICATION PROCESS

1. Upon receipt of your completed application and all associated paperwork, the following will occur:
 - a. We will review all your paperwork for completeness
 - b. We will request that the WSP conduct a background investigation
 - c. After the background investigation is completed you will be invited in for the Physical Ability Test.
 - d. Upon completion of the Physical Agility Test, you will take a written examination.
 - e. After scoring 80% or higher on the written exam, an interview with the Chief will occur.
 - f. A formal Oral Board interview will be scheduled with the Chief and Commissioners.
 - g. At this point the Fire Chief will make a recommendation to the Board of Fire Commissioners regarding selection of a candidate for hire.
 - h. At the next regularly scheduled Board of Fire Commissioners meeting the candidates application and recommendation for hire will be presented to the Board.
 - i. If the candidate's application is accepted then they will commence a 365 day conditional probationary period
 - j. After the first 45 days are up, performance will be reviewed a meeting with the Fire Chief will occur to evaluate the performance.
 - k. At the end of the first year, performance will be reviewed and probationary status will be reviewed.

The Probation Period

After hiring, the candidate will enter a 12 month probationary period. During this time period they will attend training classes and drill evolutions which will measure their ability to perform both fire and EMS functions. They will be issued all applicable equipment for the job that assigned. They will have a training assistant assigned who will help them meet the training requirements.

After a successful 12 month probationary period and a final evaluation the recruit will become a full member of the department.

After Probation

The candidate will be assigned permanent responsibilities within the department and be responsible for a particular program. They will also be eligible for training opportunities and on-going education.

Career Application With the Brinnon Fire Department

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

_____ DOB: _____

Email Address: _____ Cell Phone Carrier: _____

SSN: _____ Are you a US citizen: yes / no

Last Address if less than 5 years at current:

=====

Highest grade level completed: _____	High School Graduate: yes / no	GED: yes / no
--------------------------------------	--------------------------------	---------------

Colleges or Technical schools	Degree	Dates from	Dates to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

=====

Have you ever served in the US Military: yes / no

Branch: _____ From: _____ To: _____

Type of discharge: _____

=====

Present Employer: _____

Supervisors Name: _____

Please list your current job description: use additional sheets as needed.

May we contact: yes / no

Do you have any firefighting or EMS experience? Yes / no

Please list all FF / EMS experience you have:

Applicants must be able to fulfill all the duties and tasks assigned to a Firefighter. Do you have any physical limitations that would affect you performing these tasks? : Yes / no

Do you have any activities, commitments, or responsibilities that would impact your being able to meet the attendance requirements? Yes / no

In your own words tell us why you would like to be a member of the Brinnon Fire Department:

List all traffic citations during the last 5 years:

List all criminal convictions during the last 5 years: (Be sure to submit you Driving Abstract from DOL)

Health Statement

Each condition below must be marked yes or no, any application that is submitted with a blank will be returned for completion, do you have or have you had any of the following ailments or conditions? Have you ever received treatment for any of the following conditions?

Abnormal jaw closure	yes	no	Female/Menstrual problems	yes	no	Prostrate disorder	yes	no
Alcoholism	yes	no	Fractures or Dislocations	yes	no	Rectal Disorders	yes	no
Allergies/Hay Fever	yes	no	Gall Bladder Disorder	yes	no	Sinus Disorder	yes	no
Anemia	yes	no	Gall Stones	yes	no	Skin Disorders	yes	no
Arthritis/Rheumatism	yes	no	Gout	yes	no	Spinal Disorders	yes	no
Asthma	yes	no	Hearing Impaired	yes	no	Stomach Disorders	yes	no
Attempted Suicide	yes	no	Heart Disease	yes	no	Stroke	yes	no
Back Disorder	yes	no	Hemorrhoids	yes	no	Surgical Operations	yes	no
Bladder Disorder	yes	no	Hernia	yes	no	Thyroid/Goiter	yes	no
Blood Disease	yes	no	High Blood Pressure	yes	no	Tuberculosis	yes	no
Bowel Disorder	yes	no	Joint Disorder	yes	no	Tumors/Growths	yes	no
Cancer	yes	no	Kidney Disorder/Nephritis	yes	no	Ulcers	yes	no
Chronic Respiratory Prblm	yes	no	Liver Disorder	yes	no	Ulcerative Colitis	yes	no
Cirrhosis Disease/defect	yes	no	Loss of limb(s)	yes	no	Varicose Veins	yes	no
Congenital Disease	yes	no	Migraine Headache	yes	no	Vein or Artery Disease	yes	no
Diabetes	yes	no	Nervous or Emotional Condition	yes	no			
Eye Disease or Disorder	yes	no	Nasal Malformation/Disorder	yes	no	Any other medical conditions not listed above	yes	no
Ear or Nose Disorder	yes	no	Neurological Disorder	yes	no			
Drug abuse of addiction	yes	no	Paralysis	yes	no			
Emphysema	yes	no	Polio – Late Effects	yes	no			
Epilepsy or Seizures	yes	no						

If you answered YES to any of the above questions please provide the following information. You may use additional sheets as needed. Please also indicate location of condition.

Patient's Name

Condition

Date of illness or injury

Diagnosis and treatment

If patient was hospitalized

The attending physician

Personal References (Give names, addresses and phone numbers of 3 persons that are not related to you)

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Condition of Employment in the Brinnon Fire Department

1. Complete and pass a WSP background investigation.
2. Complete a Fire Chief Oral Interview and be recommended for hire.
3. Be accepted by the Board of Fire Commissioners.
4. Pass a department sponsored physical exam.
5. Successfully complete a probationary period of 365 days.
6. Abide by the Brinnon Fire Department Standard Operating Policies and the Brinnon Volunteer Firefighter & Ambulance Association Bylaws at all times.
7. Have and maintain a valid Washington State Driver's License.
8. Attend all required training.
9. Agree to maintain in good serviceable condition all issued equipment and to only use afore mentioned equipment during fire department functions. I also hereby accept responsibility for any loss, negligent use or destruction of said equipment and will reimburse the Brinnon Fire Department for said losses. Normal wear and tear accepted.
10. Respond to alarms when available, keeping in mind the minimum response requirements.

Applicants Signature

Date & Time

Fair Credit Reporting Act
Membership pre-notification

In making this application for membership, it is understood that an investigation report may be made whereby information is obtained through personnel interviews with third parties, such as employers, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and mode of living, whichever may be applicable. You have a right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

By my signature below I hereby certify that the answers given by me to all the questions on this application are true and correct to the best of my knowledge and belief. I understand that, if accepted, false statements or omissions of facts to this application shall be considered sufficient cause for dismissal. I authorize you to make any reasonable inquiry of my associates, employer and personnel references.

Applicants Signature

Date & Time

DO NOT WRITE BELOW THIS LINE =====

Application Issued; ____/____/____

Application Received: ____/____/____

Background Investigation: ____/____/____

Fire Chief's Interview: ____/____/____

Board's approval: ____/____/____

45 Day Probation Started: ____/____/____

Fire Chief's Review: ____/____/____

320 Day Probation Started: ____/____/____

Fire Chief's Final Review: ____/____/____

Probation Completed: ____/____/____

Rcvd By: _____

District Secretary: _____

Fire Chief: _____

Chairman of the Board: _____

45 Day Probation: _____

45 Day Probation: _____

320 Day Probation: _____

320 Day Probation: _____

**Request for Criminal History Information
Child / Adult Abuse Information Act
RCW 43.43.830 through 43.43.845**

Requesting Agency / Address

Purpose

Jefferson County Fire Protection District #4
Attn: District Secretary: P. Ware
P.O. Box 42
Brinnon, WA 98320-0042

ESD/School District Volunteer
 Non-Profit Business/Org.
 Profit Business - \$10.00
 Adoptive Parents - \$10.00

I certify that this request is made pursuant to and for the purpose indicated.

Fees: make payable to the WSP
NO PERSONNEL / CERTIFIED CHECKS

Authorized signature: _____ Title: _____

Applicant of Inquiry

Applicant Name: _____

Alias / Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____

SSN: _____ Drivers Lic. # / State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

**Identification declaring no evidence
Washington State Patrol Identification & Criminal History Section**

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845

Jefferson County Fire Protection District #4

Applicants Signature: _____

Applicants Name: _____

Address: _____

JEFFERSON COUNTY FIRE PROTECTION DISTRICT NO. 4
ADDENDA TO MEMBERSHIP APPLICATION
CONFIDENTIAL DISCLOSURE REPORT

RCW 43.43.S34 (2) requires that the Fire Protection District, at the time it accepts an application for the position of fire fighter, obtain the following information from the applicant, if the applicant, when granted-membership, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of membership where a member may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements please provide the following information: (Please circle the appropriate response to each question)

1. Have you been convicted of any crime against children or other persons?
YES NO

2. Have you been convicted of crimes relating to financial exploitation of
8 vulnerable adult?
YES NO

3. Have you been found in any dependency action under RCW 13.3.4.040 to
have sexually assaulted or exploited any minor or-to have physically abused
any minor?
YES NO

4. Have you been found, by a court in a domestic relations proceeding under
Title 26 RCW, to have sexually abused or exploited any minor or to have
physically abused any minor?
YES NO

5. Have you been found in any disciplinary board final decision to have, sexually or physically abused or exploited any minor or developmental
disabled person or to have. abused or financially exploited any vulnerable adult?
YES NO

6. Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable
adult?
YES NO

I swear under penalty of perjury that the information I have given is correct and true to the best of my ability.

Applicant's Signature: _____ Date Signed: _____
