

Graham Fire & Rescue

Volunteer Firefighter Application Packet Checklist

- Application – Complete & Signed
- Copy of your Social Security Card
- Copy of your High School Diploma or GED
- Two (2) copies of current Driver's License
- Reference Check Waiver – Signed and **Notarized**
- Medical Questionnaire
- Completed W4
- CPAT – **see CPAT Information below.** (We will accept CPAT from Dec. 19, 2018 or more recent.)
- Abstract of Driving Record
(submit a copy of your **Complete Driving Record** from your local DOL or <https://www.dol.wa.gov/driverslicense/drivingrecord.html>)

All completed applications need to be submitted at Station 94 (23014 70th Ave E, Graham, WA 98338). Applications need to be turned in by noon on Monday, June 14, 2019.

Office hours: Monday - Friday 8am – 4:30pm.

You will be required to show your Driver's License to the reception desk when submitting the Application Packet.

If you have any questions regarding your application please call 253-548-2516.

CPAT Information:

We accept both Public Safety Testing and National Testing Network CPAT Cards. **We encourage you to attend an orientation and/or a practice test for your success. Please wait to take the actual CPAT until you pass the written and interview.**

It is the candidate's responsibility to schedule, pay, complete and pass the CPAT by June 28, 2019.

**Candidates that have a CPAT card dated 12/19/2018 or newer please turn in with application.

Public Safety Testing dates: (must schedule [online](http://www.publicsafetytesting.com)) <http://www.publicsafetytesting.com>

National Testing Network dates: (must schedule [online](http://nationaltestingnetwork.com)) <http://nationaltestingnetwork.com>



Application for Employment

Position Applied For:

- Volunteer Support Services
 Other _____

P.O. Box 369
 Graham, WA 98338
 Phone: 253-847-8811
 Fax: 253-847-2233

Name _____			
Street _____	City _____	State _____	Zip _____
Home Phone _____		Cell/Message Phone _____	
Email Address _____			

Do you possess a valid Driver's License? Yes No DL.# _____ State _____
 Do you certify that you are 18 years of age or older? Yes No
 Have you ever been convicted of a felony or served time in a correctional facility? Yes No
If yes, please explain the nature of the offense(s), date and location. [Convictions are evaluated in relation to the position applied for.]

 Have you been convicted, plead no contention or paid a fine for any traffic violation in the past three years? Yes No *If yes, please explain the nature of the offense(s), date and location. [Convictions are evaluated in relation to the position applied for.]*

 Have you ever worked for Graham Fire & Rescue? Yes No *If yes, how long?* _____
 Previous position: _____ Reason for leaving _____

Education	Name/Location of School	Major	Diploma/Degree	Yr. Grad.
High School				
College/Univ.				
Vocational				
Other				

List other training, education, certificates, licenses or experience you consider relevant to the position applied for: EMT or FFI _____
 Have you any physical limitation that would require reasonable accommodation to perform the requisite elements of the position applied for? Yes No. *If yes, please explain the nature of the limitation?*

Begin with your present Employer or most recent employment position. Attach a resume. Resume will not be accepted in lieu of a completed work history as requested above.

From: Mo/YR	To: Mo/YR	Employers Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties: _____
Reason for leaving:		_____ _____
From: Mo/YR	To: Mo/YR	Employers Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties: _____
Reason for leaving:		_____ _____
From: Mo/YR	To: Mo/YR	Employers Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties: _____
Reason for leaving:		_____ _____

Provide no less than two private contacts for background and character reference checking. The listed references may not be relatives and should be persons who have known you for at least two years.

- | | | | | |
|----|----------------|---------|-----------|-------------|
| 1. | _____ | _____ | _____ | _____ |
| | Reference Name | Address | Phone No. | Association |
| 2. | _____ | _____ | _____ | _____ |
| | Reference Name | Address | Phone No. | Association |
| 3. | _____ | _____ | _____ | _____ |
| | Reference Name | Address | Phone No. | Association |

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at anytime. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish Graham Fire & Rescue my records, reasons for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees and Graham Fire & Rescue from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statement in this application.

Applicant Signature

Date

WAVIER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights
Read carefully before signing

To Whom It May Concern:

I, the undersigned, **request and authorize you** to furnish to Pierce County Fire District No. 21 or it agencies and all information that you have concerning me, my work record including but not limited to my full personnel file, discipline files, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Pierce County Fire District No. 21 or its agencies. Your reply will be used to assist Pierce County Fire District No. 21 or its agencies in determining my qualification and fitness for a position I am seeking with the Fire District.

I understand my right to request access to any public records, relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Pierce County Fire District No. 21 in conjunction with this employment procedure. **I will make no attempt** to gain access to the information you provide to Pierce County Fire District No. 21 in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to Pierce County Fire District No. 21 in conjunction with employment procedures.

Further, **I do hereby release you**, your organization, your agents, and others from any liability or damage which may result from furnishing information to Pierce County Fire District No. 21 pursuant to this waiver and authorization to release information.

Applicant's Name (*printed*)

Applicant's Signature

Date

SUBSCRIBED AND SWORN to me on this _____ day
of _____, 2019.

NOTARY PUBLIC in and for the State of _____,

Residing at _____,

Notary Commissioner Expiration Date _____.

Notary Signature _____

Medical Questionnaire for Respirator Users

Name _____ Last 4 Social Security Number _____

Date _____ Age _____ Height _____ Weight _____

Have you ever worn a respirator before? Yes No

If yes, describe any apparatus difficulties noted with respirator use:

Have you had or do you have any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Lung Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Persistent cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Heart trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. History of fainting or seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Fear of tight or enclosed places | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Heat exhaustion or heat stroke | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Ruptured ear drum | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Defective vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Defective hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Contact lenses or glasses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Other conditions that might interfere
with respirator use or result in limited
work ability. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are you taking any medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain if you answered yes to any of the above questions.

Applicant's Signature

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019
<p align="center">▶ Whether you're 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.</p>				
1 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. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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 (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)
Graham Fire & Rescue 23014 70th Ave E, Graham, WA 98338				91-1230438