



# Skagit County Fire Districts #6/14

#### Dear Applicant,

Thank you for your interest in becoming a member of the Skagit County Fire Districts #6/14 Team. Our goal is to obtain individuals that have a desire to help the community, take pride in performance and enjoy working in a team environment. Our Fire Districts take pride in having the ability to provide individuals with the opportunity to help their fellow neighbors, to continue involvement in, or begin a career in emergency services and the opportunity to learn and grow while enhancing the community.

Skagit County Fire District #6 provides almost every aspect of emergency services to its population of approximately 5,500 residents in an area of, but not limited to, 27 square miles. Fire District #14 services a population of 4000 covering 25 square miles along the Interstate 5 corridor. Both Fire Districts take a progressive approach to services and shares a partnership that integrates Administration; Information Technologies and Training.

Fire District #6 has one station which serves as the fire district's Headquarters. The District has three commissioners, whom are elected by the public to ensure District policy and fiscal responsibility. Additionally, the District employs a secretary that is also the District's human resource contact. The operations of the fire district and its' personnel are managed by a Full Time fire chief. We are staffed by a combination of Stipend Firefighters, Resident Firefighters and Volunteer Firefighters, 24 hours a day, 365 days a year. The following outlines the Department's staffing model and requirements for each position;

#### Volunteer Firefighters-

There are no minimum qualifications required to become a Volunteer Firefighter. Volunteer Firefighters may live inside or outside of the immediate response area of Fire District #6. To ensure minimum training requirements, and to allow the ability to participate in department operations, Volunteers shall offset call requirements with hours spent at the station. The minimum hours per month are 48 with the set standard being two 24 hour shifts per month. Fire District 14 has two stations, one known as the Alger Station is the head quarters and the other is the Hobson Rd station. Fire District 14 has one full-time chief and relies on volunteers to provide services to the communities.





# SKAGIT COUNTY FIRE PROTECTION DISTRICTS NO. 6/14 PERSONAL HISTORY STATEMENT

• POSITION(S) APPLIED FOR PERSONAL INFORMATION:	Volunteer	☐ Resident	Part-T	ime
The following information is required of y (Please print or type.)	ou for verificatio	n and contact p	ourposes:	
NAME:				
Last	First		Middle	
OTHER: (Including nicknames, maiden names, and	previous married na	ames you have use	ed or have be	en known by.)
ADDRESS (current):				
Number/ Street		City	State	Zip
Email Address:		PHONE NO.:		
HOURS YOU CAN BE REACHED:	(Day)		(Night)	
DATE OF BIRTH:	PLACE <b>OF BIF</b>	RTH:		
District regulations require employees to be	e U.S. citizens. Y	ou must provi	de such doc	cumentation.
SOCIAL SECURITY NO Act of 1974, disclosure is voluntary. The sproper records are obtained.				
PRESENT OR LAST FIRE DEPARTMENT YO	OU WERE WITH:			
DEPARTMENT NAME:				
ADDRESS:Number/Street	City		State	Zip
NAME OF SUPERVISOR:				
DEPARTMENT PHONE NO. Skagit County Fire Protection District No. 6/14 Firefighter Application	PAID O	R VOLUNTEER	DEPARTME	NT:

#### EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past five years. (For the purposes of this personal history statement, voluntary work would be included as employment.) For identification and verification, indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

Pates of Employment From To Mo Yr Mo Yr/	Name/Address/Phone No. of Employer	Name of Supervisor
☐ Full-Time ☐ Part-Time ☐ Voluntary	Title or duties (for identification purposes)  Name(s) of co-worker(s)	
Reason for leaving		
Pates of Employment From To Mo Yr Mo Yr//	Name/Address/Phone No. of Employer	Name of Supervisor
☐ Full-Time ☐ Part-Time ☐ Voluntary	Title or duties (for identification purposes)	
U Voluntary	Name(s) of co-worker(s)	
Reason for leaving		
Pates of Employment From To Mo Yr Mo Yr/	Name/Address/Phone No. of Employer	Name of Supervisor
☐ Full-Time ☐ Part-Time ☐ Voluntary		
	Title or duties (for identification purposes)	
	Names(s) of co-worker(s)	
Reason for leaving		

Would any problem result if your present employer was contacted during the course of the background investigation? $\square$ Yes $\square$ No			
If "no", when should such contact be made?			
Have you ever filed a claim(s) for workers' compensation? □Yes □ No			
If "yes", please give details (include when, where, circumstances).			
Have you had any extended work absences for reasons other than earned vacations? □Yes □ No			
Have you ever been fired or asked to resign from any place of employment? $\square$ Yes $\square$ No			
If "yes", please give details (include when, where, circumstances).			

### **EDUCATION**

	s position requires a high so regard to this requiremen	<u> </u>			te your current situation
	I possess a college diplon I have some college. I possess a high school di I possess the G.E.D. (Ger I possess other equivalent ing the background investitacted. A review of your se	ploma. neral Educational Develo t. Explain gation, persons who have	e known yo	u in a learr	-
Na	me of School	<b>Location of School</b>	Dates At	tended	School remarks
		(City and State)	From	To	(Type of degree, etc.)
Hi	gh School:				
Со	llege or University:				
Tra	ade or Vocational School:				
In th	FERENCES  ne space below please list a r qualifications. Please exc				e knowledge of you and
NAM	IE I	MAILING ADDRESS		TELEPHONE	
NAM	IE I	MAILING ADDRESS		TELEPHONE	
NAM	IE I	MAILING ADDRESS		TE	ELEPHONE

# MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Firefighter. <u>A Certified copy of your Driver's Abstract must be attached.</u>

Washington State Driver's License Number			Expiration Date
Name under which licen	ase was granted		
Please list other states w	here you have been license	ed to operate a motor vehicle	2.
State: Name under which License was granted:	State: Name under which license was granted:	State: Name under which license was granted:	State: Name under which license was granted:
•	efused a driver's license b n (include when, where,	J J	□ No
SPECIAL QUALIFIC	ATIONS AND SKILLS		
	es you hold (such as pilo e of issue, and date of exp	t, radio operator, scuba, e piration.	tc.), showing licensing
			nt are true and complete, and bject me to disqualification
 Print Name	/ Signature in 1	full	/



Skagit County Fire Protection District No. 14 18726 Parkview Lane Burlington, WA 98233 (360) 724-3451 ◆

# REFERENCE AND BACKGROUND INFORMATION RELEASE

I,, hereby au	thorize the Washington State Patrol to solicit		
aformation regarding my previous employment, educational background and any other similar ackground information regarding my character, general reputation and credit, and to contact any revious employers and references I have given on my employment application regarding this aformation.			
I authorize all previous employers to furnish the D above that they might have regarding my employer	vistrict with any and all such information as described nent and reason for leaving.		
release all parties and persons connected with any such request for information from all claims, iabilities and damages for any reason arising out of the furnishing of such information.  I understand that a copy of this release may be provided to previous employers and references.			
Signature	Date		
Print Name			