

# S.E. THURSTON FIRE AUTHORITY

**RAINIER YELM**

709 Mill Rd SE  
Yelm, Washington 98597

Phone: 360-458-2799

Fax: 360-458-2766



## Member Application

*Please type or print in ink*

### Application Type

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Firefighter/EMT**

**Support Services**

**Other** \_\_\_\_\_

### **Personal Data**

Name (Last, First, Initial)	DOB: ____ / ____ / ____	SSN: _____
Street Address	City	State/Zip
Mailing Address (if different)	City	State/Zip
Email Address		
Driver's License No. and State	Home Phone	Cell Phone
Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment) <b>Yes</b> If yes, please explain date, charge, place and action taken: (Use back of page if necessary) <b>No</b>		

### **Education**

School Name and Location (attach additional sheet if more space is needed)	Number of years	Did you graduate?	Course of Study/Degree
High School			
College			
Other			
List Licenses, Certificates or Registrations	Where Issued	Issue Date	Expiration Date

### **References** (Please do not list relatives)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

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**Employment and/or Volunteer History:** Start with current/last position held. Attach additional pages if necessary. You may attach a resume, but this section must be completed.

Company Name: _____			Employed (Month/Year) From: To:
Company Address: _____			
City	State	Zip	
Phone _____	Okay to Contact? YES      NO		Reason for leaving:
Your Title: _____			Monthly Salary: _____
Specific Duties: _____			
_____			Number Employees Supervised: _____
Immediate Supervisor: _____			

Company Name: _____			Employed (Month/Year) From: To:
Company Address: _____			
City	State	Zip	
Phone _____	Okay to Contact? YES      NO		Reason for leaving:
Your Title: _____			Monthly Salary: _____
Specific Duties: _____			
_____			Number Employees Supervised: _____
Immediate Supervisor: _____			

Company Name: _____			Employed (Month/Year) From: To:
Company Address: _____			
City	State	Zip	
Phone _____	Okay to Contact? YES      NO		Reason for leaving:
Your Title: _____			Monthly Salary: _____
Specific Duties: _____			
_____			Number Employees Supervised: _____
Immediate Supervisor: _____			

Company Name: _____			Employed (Month/Year) From: To:
Company Address: _____			
City	State	Zip	
Phone _____	Okay to Contact? YES      NO		Reason for leaving:
Your Title: _____			Monthly Salary: _____
Specific Duties: _____			
_____			Number Employees Supervised: _____
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## Special Skills

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

## Special Equipment

List machines/equipment that you can operate relevant to the position for which you are applying:

## Languages

List any languages other than English that you speak fluently:

## Preferences

Do you qualify for Veteran's Preference? (if yes, please attach copy of DD214)	YES	NO
Have you previously claimed veteran's preferences and been appointed to a position with a county, municipal government, or other political sub-division of the state?	YES	NO
Are you currently receiving veteran's retirement payments or other survivor's benefits?	YES	NO
Are you currently a member of S. E. Thurston Fire Authority?	YES	NO

I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that if I am selected to be a member, any misstatement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have about me, and I hereby release them and the employing agency from all liability or any damage whatsoever arising therefrom.

I understand that membership/employment with S. E. Thurston Fire Authority is at will. This means that both I and S. E. Thurston Fire Authority are free to terminate the employment relationship at any time, with or without cause or advance notice, and without compensation except for time actually worked, provided the termination is not done for a discriminatory reason in violation of the law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **S. E. THURSTON FIRE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER**

You may use the back of this page to provide additional information,  
if needed.

### **Driving Record Information**

Please list all traffic violations and collisions for the past five (5) years:

List all convictions, warrants:

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## **Please attach copies of the following documents (where applicable)**

- Driver License
- Abstract of Driving Record (ADR) (Available at <https://secure.dol.wa.gov/home/>)
- Social Security Card
- EMT National Registry Card
- WA State EMT Card
- FF1
- FF2
- Haz Mat Training
- CPAT within 12 months (We will provide a Physical Ability Test, if needed)
- Immunization Records (Preferred, but not required)

*You may include copies of any additional documents/certifications that you feel may be pertinent to your application.*

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## Ride Along Release

Rider Name: (*Last, First, MI*) \_\_\_\_\_

**PLEASE PRINT**

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: (City, State, Zip) \_\_\_\_\_

Phone Number: (H - C) \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Previous Observer:            Yes      No      \*Social Security Number: \_\_\_\_\_

Reason for this request:

Future Fire or EMS Goals, if any:

### Request for Permission, Assumption or Risks and Waiver

I, \_\_\_\_\_, hereby request permission to ride as a guest of S. E. Thurston Fire Authority in a vehicle owned by the fire department to permit my observation of fire department work. No payment has been requested, given, or will be given to the fire department or its agents should permission be granted. I further understand should permission be granted, I will be observing fire department work at my own risk and am willing to assume all risks involved including the risk of death or serious injury.

### Waiver of Legal Liability

In participating on a S. E. Thurston Fire Authority *Ride Along*, you may be faced with risks. In return for the privilege of participation on *Ride Along*, you are required to waive the department's legal liability to you with respect to these risks. As you may know, the fire department responds to all manner of emergency calls, including, but not limited to, fires, chemical spills, traffic accidents, and medical emergencies of all kinds. All risks are not foreseeable but these risks are common to firefighters' risks. Observers like you may encounter the following list of hazards during the course of their ride along experience: the risk of traffic accidents, hazards at emergency fire scenes,

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including but not limited to: fire, falling debris, hazards from chemical spills, biological exposures which may contain blood and other bodily fluids, assaults from patients, public and private premises which may contain hazards such as, holes, depressions, broken steps, broken railings, etc.

In consideration for granting my request to ride and observe, and being reasonably aware of the risks involved, I hereby, forever waive and give up any and all rights, claims, or causes of action against the fire department, its officers, employees, and agents, which may arise as a result of my participation on a *Ride Along*. This waiver also applies to heirs, devisees, and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed (Department personnel only)

\_\_\_\_\_  
Date

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## Authorization for Release of Information

I hereby authorize S.E. Thurston Fire Authority to conduct a complete background investigation and using a consumer report pursuant to 15 U.S.C. 1681b (b) (2) (B). I understand that an inquiry may include, but is not limited to: criminal records, drug screening, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional records, education verification, and copies of prior personnel files. An inquiry will be made as part of a pre-employment screening process as well as at any time during the course of employment with the district. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

I specifically authorize any person, firm or corporation contacted by S.E. Thurston Fire Authority to release any of the above records to the district. I agree to:

- ✓ Waive any privilege of confidentiality I may have with respect to said records.
- ✓ Waive any claims against S.E. Thurston Fire Authority of any prior employers as a result of the district's collection of said information.

### PLEASE PRINT CLEARLY!

Place of Birth: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Residence Addresses for the past 7 to 10 years:

The purpose of listing the date of birth, social security number and previous address information is limited to a means of identification purposes only in conducting a background screening.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

First Name

Full Middle Name

Last Name

(Alias)

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

**NOTE: THIS FORM WILL BE RETAINED IN OUR FILES.**



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## **NON-DISCLOSURE & CONFIDENTIALITY AGREEMENT**

1. I understand in the performance of my duties as an employee/volunteer with S.E. Thurston Fire Authority, I will have access to confidential information, materials, and equipment.
2. I understand any violation or breach of this confidentiality or the unauthorized use/dissemination of materials, keys, door codes/passwords, etc. may result in disciplinary action and/or termination.
3. I understand any unauthorized disclosure or breach of confidentiality may result in legal action against me.

---

Printed Name (Employee/Volunteer)

---

Signature (Employee/Volunteer)

---

Date

---

Printed Witness Name (Fire Department Employee)

---

Witness Signature (Fire Department Employee)

---

Date

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## New Member Information Form

Member Name: *(Last, First, MI)* \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: (City, State, Zip) \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Marital Status:    Single       Married       Spouse's Name: \_\_\_\_\_

### Emergency Contact

Contact Person: \_\_\_\_\_ Relationship: (optional) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

### *To be filled in by Administration Staff:*

Date of Membership: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_