

Organizational Statement

Airway Heights Fire Department was formed in the early 1960's to provide fire protection to the incorporated areas inside the City limits; and to emergencies in other cities and fire districts when requested.

The Fire Chief Manages the department. The Fire Chief is directly responsible for all activities covered under the broad categories of administration, fiscal, emergency operations, training, and fire prevention. The Fire Chief reports directly to the City Manager

The next level of management in the department is the Assistant Fire Chief. The Assistant Fire Chief position is assigned functional responsibilities; oversee all aspects of emergency management; and administration of training programs. The Assistant Fire Chief shall act as Fire Chief in the absence of the Fire Chief.

Under the Assistant Chief are the Battalion Chiefs, the Captains and Lieutenants. The Captains and Lieutenants primarily help manage facilities, equipment maintenance, personnel, and emergency operations.

The Airway Heights Fire Department has developed a mission statement to help focus the organizations direction leading into the 21st century. The role of our members is to provide citizens with safe, cost effective, and efficient fire protection and public service. Members understand our commitment to safety; safety to ourselves with proper equipment and policies and safety to the public with education, prevention and service.

Firefighting is a physically demanding and inherently risky occupation.



Airway Heights Fire Department

Application for Firefighter

Date: _____ E-Mail: _____

Phone Number: (____) - ____ - ____ Social Security Number ____ - ____ - ____

Full Name: _____ Birth date ____/____/____
 First Middle Last

Address: _____
 Street or P.O. Box City State Zip

Height: ____' ____" Weight: _____ Hair Color: _____ Eye Color: _____

Drivers License Number: _____ State: _____

Have you ever been convicted of a driving offense: YES NO

If yes, please explain what the charge was and when it occurred:

Personal Information (* Completion is Optional)

Time at present address: _____ Are you age 18 or older: Yes No

*Birthplace: _____

*Marital status: Married Single *Name of Spouse: _____

*Number of Children: ____

First Aid Training: First Aid First Responder EMT EMT- I Paramedic

Date card Expires: ____/____/____ State of Issue: _____

Previous Firefighting Experience: _____

What is your Current work Schedule: _____

When would you be available for response to emergency calls: _____

EDUCATION

High School: _____

Last year completed: _____ Year of Graduation: _____

College: _____ Degree: _____

Airway Heights Fire Department

Military Service

Branch: _____ Specialty: _____

Rank: _____ Status: _____

Type and date of Discharge: _____

REFERENCES – WORK

NAME: _____ Phone number: _____

Address: _____

Street or P.O. Box City State Zip

NAME: _____ Phone number: _____

Address: _____

Street or P.O. Box City State Zip

NAME: _____ Phone number: _____

Address: _____

Street or P.O. Box City State Zip

REFERENCES – PERSONAL

NAME: _____ Phone number: _____

Address: _____

Street or P.O. Box City State Zip

NAME: _____ Phone number: _____

Address: _____

Street or P.O. Box City State Zip

NAME: _____ Phone number: _____

Address: _____

Street or P.O. Box City State Zip

WORK HISTORY

Name of Business: _____

Date of Employment: _____

Employer Address: _____

Street or P.O. Box City State Zip

Name of Superior: _____

Position or Occupation: _____

Duties and Responsibilities: _____

Airway Heights Fire Department

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Position or Occupation: _____

Duties and Responsibilities: _____

CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

Signature: _____ **Date:** ___/___/___



Airway Heights Fire Department

QUESTIONS

Please write longhand answers to the following questions.

1. Why do you seek this position?

2. What role does this position have in your plan for the future?

3. What do you consider to be the most important assets you personally have to offer this department?

4. How did you hear about the Airway Heights Fire Department?

Airway Heights Fire Department

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a volunteer position with the Airway Heights Fire Department, I am required to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of confidential or privileged nature, to any duly authorized agent of the Airway Heights Fire Department.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

Printed Name

___/___/___

Date of birth

___-___-___
Social Security Number

___/___/___

Date Signed

Signature



Airway Heights Fire Department

Applicant Criminal Conviction Disclosure Form -Confidential Information-

Important Application Information:

As a public service agency, it is necessary that all volunteer personnel of the Airway Heights Fire Department be carefully screened prior to appointment or approval. This information is required in order to safeguard the confidentiality of department information. This disclosure requirement does not preclude your volunteer service with any Airway Heights Fire Department if, in the judgement of the appointing authority, your qualifications are determined to be appropriate for the position for which you are applying.

Print Full Name: _____

Date of Birth: __/__/____

Social Security Number: __-__-____

Sex: _____

Race/Nationality: _____

Place of Birth: _____

List below convictions and incarcerations for any prior felony offense(s) also list any gross misdemeanor offense(s). Include those sentences that were suspended and/or deferred and those issued by a juvenile court where the defendant was fifteen years of age or older at the time the offense was committed. Do not include convictions vacated by a court and removed from the official record. If there are no convictions, indicate by writing "NONE" below.

Date	Crime	If incarcerated, give location and dates. If not incarcerated, what disposition was made.
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If any convictions, have you received a final discharge from supervision, including all civil rights being restored.

Yes____ (indicate date __/__/____ and attach a copy of discharge) No____

All answers and statements are true and complete to the best of my knowledge. I understand that a background check, including, but not limited to, arrests and convictions, prior employment and education will be conducted, that if added to the department, I may be fingerprinted and that untruthful or misleading answers or deliberate omissions are cause for rejection of my application, removal of my name eligible registers or dismissal, if an active volunteer.

____/____/____
Date

Signature of applicant.



**REQUEST FOR CRIMINAL HISTORY
RECORD INFORMATION
NCIC / WACIC CHECK**

Routine Urgent

Date of Request: 10-16-06

Type of Request: CDFS Inmate PPI Volunteer
 Discharge Inmate Visitor PSI Contract Employee
 Employment Intake Special Prospective Employee
 FDRCR OOS Investigator Termination
 Furlough Sponsor Parole Sponsor Update Central File
 Other Airway Heights Fire Department Personnel

REQUIRED DATA:			
DOC NUMBER	SID NUMBER	FBI NUMBER	FULL LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)
DATE OF BIRTH	SEX	RACE	

OTHER DATA:		
MAIDEN NAME / ALIAS	BIRTHPLACE	
MAIDEN NAME / ALIAS	CITIZENSHIP	
MAIDEN NAME / ALIAS	HAIR	EYES
SSN	HEIGHT	WEIGHT

ADDRESS: _____

Current Washington State Driver's License Yes No
 Clear NCIC / WACIC Yes No
 Clear Criminal History Yes No

PERSON MAKING REQUEST:		
NAME (PRINT) Tommy Hicks	TITLE Safety Officer	DATE 10-16-06
SIGNATURE		

FOR RECORDS USE:

Received: _____ Processed: _____ Returned: _____ Initials: _____