Application Process

Applications can be submitted at any time.

Applicants will receive a letter with next testing dates.

Testing process includes the following steps:
(Note: each step must be completed successfully to move on in the process)

- Written test of general knowledge must be passed with a score of 70%

- Physical Ability Test which includes
  - 75’ aerial ladder climb to top and back in less than 4 minutes
  - Short break while you doff the climbing harness
  - Raise and lower a 24’ foot extension ladder as instructed
  - Carry hose pack up to third floor
  - Kaiser Sled
  - Drag a 1.75 hose 75’ and show water
  - Drag 180 pound dummy 100’
  Last five steps must be completed in under 8 minutes

- Panel Interview with volunteer staff

- Chief’s Interview

- Medical Physical & Background Check

- Issue required gear

Recruit Academy
12-16 weeks of training consisting of Firefighter 1 and Haz Mat Ops curriculum. Training occurs Wednesday and Thursday nights from 1800-2200 hours and Saturdays from 0800-1700 hours.
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:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please attach a copy of your driver’s license

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   AEMT    Paramedic
Date card Expires: __/__/____  State of Issue: ___________

Previous Firefighting Experience: _______________________________________

EDUCATION
High School: _______________________________________________________
Last year completed: ____________ Year of Graduation: ___________________
College: ____________________________________________ Degree: ____________

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:____________________________________________
   _________________________________________________________________
   _________________________________________________________________

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:____________________________________________
   _________________________________________________________________
   _________________________________________________________________

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:____________________________________________
   _________________________________________________________________
   _________________________________________________________________

CERTIFICATION
I hereby certify that the answers given in this application are true and correct to the best of my knowledge.
Signature: _________________________________ Date: ___/___/______
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?

__________________________________________________________________________

__________________________________________________________________________
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 ____________________________
__/___/_____ ___/___/_________  Signature _______________  Date Signed __/___/_____
Date of birth  Social Security Number