

Airway Heights Fire Department

Application Process

Applications can be submitted anytime throughout the year during normal business hours. Applicants will receive a letter with next applicable 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.



Airway Heights Fire Department

Check the position you are applying for.

Firefighter

EMS Only

Support Services

Date: _____ E-Mail: _____

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

Full Name: _____

First Middle Last

Address: _____

Street or P.O. Box City State Zip

Drivers License Number: _____ State: _____

Do you have a valid driver's license: Y/N Are you 18 or older: Y/N

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE

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: _____

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

Airway Heights Fire Department

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: ___/___/___

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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?
