



DIVISION CHIEF EMS

South Whidbey Fire EMS is hiring for division chief

South Whidbey Fire/EMS is seeking an experienced, innovative individual to serve as a Division Chief of EMS. SWFE is a combination department with 52 members who serve approximately 66 square miles and 54 miles of shoreline of south Whidbey Island.



Join our team on
beautiful Whidbey
Island Washington

Great benefits
package

Exciting opportunity
at a growing fire
district!

\$109,703-\$137,700
per year DOE

**SOUTH WHIDBEY
FIRE/EMS**

5579 Bayview Rd.
Langley, WA 98260

360-321-1533
www.swfe.org

Applications due Nov. 1
2024

Position Opening

DIVISION CHIEF

Salary Range \$109,703.69 - \$137,700.06

Excellent Benefits Package

APPLICATION CLOSING DATE: November 1, at 4:00 PM, PST.

South Whidbey Fire/EMS is seeking an experienced, innovative individual to serve as a Division Chief. SWFE is a combination department with 52 members who serve approximately 66 square miles and 54 miles of shoreline of south Whidbey Island. The resident population is approximately 16,000 persons. The department responded to over 2,800 calls for service in 2023, 71% of which were EMS related. The department serves as a non-transport first response agency for medical emergencies and responds with our partner agency Whidbey Health EMS. The position of Division Chief is a full-time, non-represented, exempt, at-will position.

JOB SUMMARY

The Division Chief is a member of the Fire Chief's senior management team. Under direction of the Fire Chief, and in coordination with the other chief officers, the EMS Division Chief oversees and manages the EMS division. The Division Chief plans, organizes, coordinates, and administers the division and its programs in accordance with District policies/procedures, laws of the State of Washington, national standards for training and safety. The Division Chief may represent the Fire District on local and regional committees concerning relevant issues and programs. The Division Chief is an administrative position with emergency response duties as an operational responder as needed and serves as a rotational Duty Chief.

The Division Chief, EMS is responsible for ensuring that the EMS Division functions and that activities are performed in a legal and efficient manner to provide maximum contribution to and support of the fulfillment of SWFE's mission.

DUTY DESCRIPTION

- As a member of the senior management team and Duty Chief role, the position requires "on-call" availability in addition to the regular 40-hour work week.
- Participates in the development of the annual District budget and manages budget items within the division.
- Participates as needed in the pre-academy, and annual recruit academies.
- Supervises subordinate staff, makes assignments and/or delegates authority as necessary.
- Performs as the Duty Officer as assigned, on a rotating basis with the other 3 Chief Officers.
- Responds to emergency incidents and performs as a member of an emergency response command team or incident commander as necessary.
- Represents the District at relevant meetings on a county, regional, and state level.
- Supervises subordinate officers. Makes assignments and/or delegates authority as necessary to accomplish tasks.
- Participates in weekly senior team meetings, monthly Board of Commissioner and officer meetings, and divisional meetings as required.

MINIMUM QUALIFICATIONS

EDUCATION AND EXPERIENCE: The successful candidate will typically have five (5) years of increasingly responsible full-time fire service experience with a proven record of personnel supervision/command at a Captain or Battalion Chief level. The ideal qualifications consist of a combination of education and experience commensurate with the responsibilities of the position and should include an Associate degree in fire science or a closely related field, from an accredited institution. **The successful candidate will have experience working with and leading volunteer emergency responders.**

SWFE reserves the right, in its sole discretion, to determine whether the combination of education and experience are commensurate with the requirements of the position.

LICENSE/CERTIFICATE AND ADDITIONAL REQUIREMENTS:

- Must maintain confidentiality of information which may be acquired directly or indirectly, in any written, verbal, or auditory sense that pertains to District personnel or business deemed confidential by policy.
- The employee must live within a 20-minute response time of the district headquarters.
- Possession of a valid Washington State Driver's License (within 1 month of appointment).
- Possession of the following certifications and credentials:
 - Fire Officer I
 - Incident Safety Officer
 - NIMS 300 & 400 within 1 year of appointment
 - Washington EMT-B within 6 months of appointment
 - IFSTA Instructor II within 1 year of appointment
 - Washington EVIP within 3 months of appointment

SWFE reserves the right, in its sole discretion, to determine whether or not an alternate certification is equivalent. All Certifications and Licenses required for this job must be kept current as a condition of continued employment.

KNOWLEDGE, SKILLS & ABILITIES: Practiced knowledge of contemporary leadership principles and practices applicable to a modern, decentralized, service-oriented organization including personnel management, supervision, training, and performance evaluation, budget development and administration, and program development and administration.; understanding of District policies, procedures, protocols, chain of command, Washington State law pertaining to the District, and pertinent federal, state, and local laws that relate to the district, and the application of each; Operational characteristics, services, and activities of an emergency services program including fire suppression, fire prevention, emergency medical services, marine and technical rescue, hazardous materials, and disaster preparedness, response and recovery; Training program development and administration, and modern instructional techniques and methodologies; Incident Command administration techniques; Problem solving techniques and methodology; Methods and techniques of public relations; Principles of business letter writing and report preparation; Public safety computer systems, training program software, and technical audio-video equipment beyond a basic level.

Practiced skills to operate an assigned emergency vehicle; teach the application of District policies, procedures, and protocols; make presentations to and deal with the public, and personnel; successfully work with employees and volunteers.

Practiced ability to oversee and participate in the management of a modern fire suppression, fire prevention, emergency medical services, disaster preparedness, marine and technical rescue, hazardous materials response, and associated programs, services, and operations; oversee, direct, and assign subordinate staff and volunteers; select, supervise, train, and evaluate staff; participate in development and administration of division goals, objectives, and procedures; prepare and administer division budgets; prepare clear and concise administrative reports; analyze problems, identify solutions, project consequences of proposed actions, and implement recommendations in support of District goals; research, analyze, and evaluate new training delivery innovation and methods and techniques; interpret and apply federal, state, and local laws, policies and procedures; Retain presence of mind and act quickly and calmly in emergency situations, retain presence of mind and act quickly and calmly in emergency situations; operate and effectively use specialized fire tools and equipment; operate modern office equipment and computers including software applications; maintain contact and preserve good relations with the public, staff, and personnel, respond to requests and inquiries, and work effectively with a variety of partner agencies and community groups and establish and maintain an effective working relationship with those contacted in the course of work; communicate clearly and concisely, both orally and in writing.

PHYSICAL DEMANDS: Work is generally performed in the office setting with occasional travel to attend meeting or conduct District business. The employee may occasionally respond to emergency scenes, both small scale and large scale, and disasters. The employee is regularly exposed to outside weather conditions, wet/humid conditions, and windy conditions. The employee occasionally works in high or precarious places, and is occasionally exposed to airborne particles, fumes, toxic or caustic chemicals, extreme cold/heat, vibration, high noise levels, risk of electrical shock or radiation, exposure to hostile individuals, blood, body fluids, or airborne medical hazards.

The employee is required to wear personal protective equipment including, but not limited to, turnout gear, boots, helmet, goggles/face protection, gloves, and self-contained breathing apparatus, and body substance isolation. The employee is required to take personal protective action for each hazard identified.

The employee may work extended periods of time, including evenings, nights, and weekends.

The employee's primary functions require sufficient physical ability to work in an office setting; walk, stand or sit for prolonged periods of time; occasionally bend, kneel, stoop, crouch, reach, and twist; occasionally climb and balance; regularly push, pull, lift and/or carry moderate weights; frequently lift and/or move moderate to heavy weights; perform arduous and prolonged tasks under adverse and dynamic conditions; occasionally lift and/or move heavy weights; operate office equipment including computer keyboards; requires a sense of touch, finger dexterity, and gripping with hands and fingers; ability to speak and hear to exchange information; ability to operate a vehicle for both normal travel and emergency response; and the ability to operate specialized vehicles and equipment.

The employee must see within normal range of vision with or without correction; specific vision abilities required by this job include close, distance, color, and peripheral vision; depth perception; and the ability to adjust focus. The employee must hear in the normal audio range with or without correction.

DESIRED QUALIFICATIONS

Washington State or National EMT- Paramedic

Washington Senior EMS Instructor (SEI)

IFSAC Fire Officer II

COMPENSATION AND BENEFITS

HEALTH CARE COVERAGE: An employer paid health care benefit package is currently provided including medical, dental, vision, and accidental death and disability insurance.

RETIREMENT BENEFITS: This position is automatically covered by the Washington Retirement System, LEOFF Plan 2.

WORK SCHEDULE & LEAVES: This position is an FLSA exempt position that generally works a minimum of 40 hours per week (M-F) and serves as a rotational Duty Chief with 24/7 on call requirements. The position currently accrues 8 hours of sick leave per month and accrues 80-160 hours per year of vacation, depending on length of service. There are eleven paid holidays and two (2) paid personal days per year.

PAY SCHEDULE: All SWFE employees are paid every two weeks for a total of 26 pay periods each year.

APPLICATION PROCESS

Interested applicants must attach and submit the following required items with your application:

- 1) SWFE Employment Application
- 2) Cover letter that explains interest in this position and summarizes experiences and education
- 3) Curriculum Vitae or Resume
- 4) Required certifications and licenses
- 5) Copy of educational degree or applicable credits
- 6) Written response to the required supplemental questions. (attached)

Applications may be obtained on-line at our web site www.swfe.org.

Complete applications must be received at our Administration Office, by mail or email, no later than 4:00 PM, PST, November 1, 2024 at the following address:

SOUTH WHIDBEY FIRE/EMS
5579 Bayview Rd.
Langley, WA 98260
Attn: Chief Nick Walsh

EMAIL: applications@swfe.org
Subject: Division Chief EMS

Failure to complete and submit ALL application materials will disqualify your application. SWFE will not notify applicants of incomplete application packets.

This position is open until filled; however, the first review of applications is scheduled for November 4, 2024.

Only the most qualified applicants with the most relevant experience and education will be invited to continue in the selection process. Eligible internal candidates will be given first consideration. All offers of employment are contingent upon the successful completion of a background check, criminal records check, Work Capacity Testing, medical evaluation including stress testing, and drug screen at SWFE expense.

If special accommodations are necessary at any stage of the selection process, please contact Chief Nick Walsh immediately.

SUCCESSFUL APPLICANTS MUST PASS THE FOLLOWING:

- All eligibility requirements
- Resume and Essay review
- Assessment Center or panel interview
- An extensive background investigation
- A Chief's interview

SOUTH WHIDBEY FIRE/EMS IS AN EQUAL OPPORTUNITY EMPLOYER AND SUPPORTS WORKFORCE DIVERSITY.

SWFE DIVISION CHIEF, TRAINING ESSAY TOPICS & QUESTIONS

One of the important skills of any Chief Officer is the ability to communicate both orally and in writing. These essays will allow us to understand your communication style and gain additional insights into your experience. Please answer the following questions. Responses are limited to no more than a single page per question, single spaced, typed and include your answers as part of your application package.

1. Please describe your previous experience in the Fire/EMS Service, why you are interested in the Division Chief position and why it is a good time in your career to come to South Whidbey Fire/EMS.
2. Based upon your knowledge of issues and opportunities in today's Fire/EMS systems, describe the "next big thing" that systems will need to contend with. What opportunities or innovations do you anticipate? Explain what you know about the delivery of emergency services within Island County and how these opportunities and innovations may help the organization grow.
3. Describe your leadership style.



South Whidbey Fire/EMS

Application for Employment

We are an equal opportunity employer. All applicants will be considered regardless of race, color, national origin, creed, religion, sex, age (over 40), pregnancy, marital status, physical or mental disability, genetic information, gender identification, sexual orientation, gender identity or status as an honorably discharged veteran, or any other class protected by federal, state, or local law. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should email: applications@swfe.org

Instructions:

Please type or print clearly in ink. Each question should be answered completely and accurately. Applicants are required to fill out a separate application for each position for which they apply. A completed application is required; resumes may be submitted but will not be accepted as a substitute for a completed Employment Application. Please answer each question completely; unsigned or incomplete applications will not be considered. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

GENERAL INFORMATION:

Name:		
Please list any other name(s) used during employment or education:		
Address:		
City:	State:	Zip:
Home Phone:	Cell:	Email:
SSN:	Date of Birth:	
Driver's License Number:	State:	Exp. Date:
List specific position applying for:		

Where did you learn of this opening?

Have you filed an application here before? Yes No if yes, give date:

Are any of your relatives presently employed with us? Yes No

If yes, please provide names of relatives, their positions, and departments:

Do you have any commitments or other conflicts that would affect your promptness and/or regular attendance for this position? Yes No if yes, please explain: _____

Have you ever been discharged or requested or forced to resign from any position because of misconduct or unsatisfactory service? Yes No if yes, please explain: _____

Date available for work: _____

Will accept: Regular Full Time Regular Part Time Shift Work Temporary Seasonal

Are you at least 18 years of age? Yes No

Can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins? Yes No

EDUCATION AND TRAINING:

School	Name & Location	Major Course of Study	Degree Received
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate			
Graduate			
Vocational/Technical			
Related Certificates or Licenses:			
Other related seminars or training:			

LANGUAGE SKILLS:

Language: English Speak Read Write

Language: _____ Speak Read Write

EMPLOYMENT HISTORY:

Starting with your current or most recent employer, please list your employment history, including military and voluntary service assignments. If you need more space, please use additional sheets.

Present/Last Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Please explain any break in employment history:

JOB RELATED QUALIFICATIONS:

List any additional skills, abilities, volunteer activities, awards, trade, business, civic associations or any offices held or other experiences not included above that you feel are relevant to the job for which you are applying:

Computer skills: None Beginner Intermediate Highly Proficient

List systems and software used:

List any additional information which may more fully describe your qualifications and capabilities:

Please list three work-related references that have knowledge of your character and abilities, in addition to the supervisors listed in the Employment History Section. **Do not list relatives.**

1	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
2	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
3	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:

ACKNOWLEDGEMENTS

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize Orca Information to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to Orca Information. I also release Orca Information from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the company and still wish to be considered for employment, it will be necessary to fill out a new application.

In the event of my employment, I will comply with all rules, regulations, and policies set forth in South Whidbey Fire/EMS Policies or the communications distributed. I also understand that the company has the right to modify its policies without giving me any advance notice of the changes.

Court-Record Search. I understand that in connection with a final offer of employment OR continuation of employment with you, a court record investigation may be requested. The new hire will be required to fill out a Release of Authorization Form and the screening will be done by:

Orca Information | PO Box 277 Anacortes, WA 98221 | (800) 341-0022

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS "AT-WILL" AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO ONE AT THE COMPANY HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

Signature: _____ Date: _____

By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.

Authorization to Past Employer, School, or Other Institution to Release Information

I have applied for employment. As part of the application process Orca Information conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to Orca Information and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to Orca Information and/or its agents. A photocopy of this authorization is as effective as the original.

Signature: _____ Date: _____

By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.

For Human Resources use only:

Interviewed by:	Date: ___/___/___
Result:	
Notified by:	Date: ___/___/___



Employer: South Whidbey Fire/EMS Phone: (360) 321-1533

RELEASE AUTHORIZATION

In connection with my final offer of employment and/or continued employment position with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, civil records, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Applicant's Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Position Applying for: _____

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult...		1	State	County	Zip	From (year)	To (year)
		2					
		3					
		4					

Have you ever been charged or convicted of a crime: Yes No

If yes, what State & County: _____

What was the nature of the crime? (give details): _____

Estimated Annual Earnings: _____

*The above information is to be used only for identification and investigative purposes. This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address: ORCA Information, Inc; 120 E. George Hopper Rd, Suite 108 Burlington, WA 98233. Phone: (800) 341-0022; Fax: (800) 522-6722.

Driving Record Release of Interest



Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name

South Whidbey Fire/EMS <small>Agent company name (if applicable)</small>	
Company/Agent company address 5579 Bayview Rd., Langley, WA 98260	
Authorized representative name Vicki Lange <small>Answer the following</small>	Title Records Manager
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; border-top: 1px solid black; text-align: center;"> _____ Date and place signed </div> <div style="width: 55%; border-top: 1px solid black; text-align: center;"> X Authorized representative signature </div> </div>	

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer Date of birth (mm/dd/yyyy) WA driver license number

<input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name South Whidbey Fire/EMS <small>Employer agent company name if acting on behalf of the company for employment purposes</small>		

Authorization

I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.

X

Signature

Date

RCW 46.52.130
DSC-425-020 (R/2/18)WA



South Whidbey Fire/EMS

Application for Employment

We are an equal opportunity employer. All applicants will be considered regardless of race, color, national origin, creed, religion, sex, age (over 40), pregnancy, marital status, physical or mental disability, genetic information, gender identification, sexual orientation, gender identity or status as an honorably discharged veteran, or any other class protected by federal, state, or local law. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should email operations@swfe.org.

Instructions:

Please type or print clearly in ink. Each question should be answered completely and accurately. Applicants are required to fill out a separate application for each position for which they apply. A completed application is required; resumes may be submitted but will not be accepted as a substitute for a completed Employment Application. Please answer each question completely; unsigned or incomplete applications will not be considered. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

GENERAL INFORMATION:

Name:		
Please list any other name(s) used during employment or education:		
Address:		
City:	State:	Zip:
Home Phone:	Cell:	Email:
SSN:	Date of Birth:	
Driver's License Number:	State:	Exp. Date:
List specific position applying for:		

Where did you learn of this opening?

Have you filed an application here before? Yes No if yes, give date:

Are any of your relatives presently employed with us? Yes No

If yes, please provide names of relatives, their positions, and departments:

Do you have any commitments or other conflicts that would affect your promptness and/or regular attendance for this position? Yes No if yes, please explain:_____

Have you ever been discharged or requested or forced to resign from any position because of misconduct or unsatisfactory service? Yes No if yes, please explain:_____

Date available for work: _____

Will accept: Regular Full Time Regular Part Time Shift Work Temporary Seasonal

Are you at least 18 years of age? Yes No

Can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins? Yes No

EDUCATION AND TRAINING:

School	Name & Location	Major Course of Study	Degree Received
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate			
Graduate			
Vocational/Technical			
Related Certificates or Licenses:			
Other related seminars or training:			

LANGUAGE SKILLS:

Language: English Speak Read Write

Language: _____ Speak Read Write

EMPLOYMENT HISTORY:

Starting with your current or most recent employer, please list your employment history, including military and voluntary service assignments. If you need more space, please use additional sheets.

Present/Last Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Please explain any break in employment history:

JOB RELATED QUALIFICATIONS:

List any additional skills, abilities, volunteer activities, awards, trade, business, civic associations or any offices held or other experiences not included above that you feel are relevant to the job for which you are applying:

Computer skills: None Beginner Intermediate Highly Proficient

List systems and software used:

List any additional information which may more fully describe your qualifications and capabilities:

Please list three work-related references that have knowledge of your character and abilities, in addition to the supervisors listed in the Employment History Section. **Do not list relatives.**

1	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
2	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
3	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:

ACKNOWLEDGEMENTS

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize Orca Information to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to Orca Information. I also release Orca Information from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the company and still wish to be considered for employment, it will be necessary to fill out a new application.

In the event of my employment, I will comply with all rules, regulations, and policies set forth in South Whidbey Fire/EMS Policies or the communications distributed. I also understand that the company has the right to modify its policies without giving me any advance notice of the changes.

Court-Record Search. I understand that in connection with a final offer of employment OR continuation of employment with you, a court record investigation may be requested. The new hire will be required to fill out a Release of Authorization Form and the screening will be done by:

Orca Information | PO Box 277 Anacortes, WA 98221 | (800) 341-0022

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS "AT-WILL" AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO ONE AT THE COMPANY HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

Signature: _____ **Date:** _____

By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.

Authorization to Past Employer, School, or Other Institution to Release Information

I have applied for employment. As part of the application process Orca Information conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to Orca Information and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to Orca Information and/or its agents. A photocopy of this authorization is as effective as the original.

Signature: _____ **Date:** _____

By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.

For Human Resources use only:

Interviewed by:	Date: ___/___/_____
Result:	
Notified by:	Date: ___/___/_____



Employer: South Whidbey Fire/EMS Phone: (360) 321-1533

RELEASE AUTHORIZATION

In connection with my final offer of employment and/or continued employment position with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, civil records, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Applicant's Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Position Applying for: _____

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult...	1	State	County	Zip	From (year)	To (year)	
	2						
	3						
	4						

Have you ever been charged or convicted of a crime: Yes No

If yes, what State & County: _____

What was the nature of the crime? (give details):

Estimated Annual Earnings: _____

***The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address: ORCA Information, Inc. 120 E. George Hopper Rd, Suite 108 Burlington, WA 98233. Phone: (800) 341-0022; Fax (800) 522-6722. © Orca Information, Inc.

Driving Record Release of Interest



Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
Answer the following 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i> <div style="text-align: center;">X</div>	
Date and place (city or county) signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from <input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i> <div style="text-align: center;">X</div>		
Signature		Date