

## WHAT IS THE JOB OF A VOLUNTEER FIREFIGHTER LIKE?

Firefighters perform a complete range of firefighting activities and operate any and all Fire Department equipment; tools and apparatus to protect life and property and to deliver certified emergency medical services. Work is performed under the direction of a commanding officer in accordance with specified policies; procedures and practices learned on the job and often performed under unpleasant, stressful and/or hazardous conditions. Work may frequently require the performance of extremely physically demanding tasks for extended periods. In addition to emergency response duties, firefighters will spend substantial amounts of time engaged in supervised firefighting, EMS and other applicable training; routine inspection, testing, cleaning and maintenance of equipment, apparatus and facilities; conducting another duties as may be assigned.

## WHAT ARE THE QUALIFICATIONS FOR VOLUNTEER FIREFIGHTER

- You must be 18 years of age by the date of the written exam is given. *(no exceptions)*
- You must provide a copy a High School Diploma, GED or equivalent. *(With Application)*
- You must be in good physical condition.
- You must be willing and able to work in a team environment.
- You must demonstrate ability to deal with people in a friendly, compassionate and manner.
- You must be able to respond to emergencies on a regular basis.
- You must be able to meet performance and regulatory standards.
- You must attend all mandatory drills and attend a minimum of 50 percent of drills quarterly.
- You must be able to operate equipment safely and work with basic mechanical tools.
- You must provide a copy of a valid Washington State Drivers License. *(With Application)*
- You must be able to read a map.
- You must have no prior relevant criminal history.
- You must be willing to attend a Firefighter Recruit Academy or equivalent.
- Must live within the Sedro-Woolley Fire Department Response Boundaries

## WHEN WILL THE TESTING BE HELD

- DATE:** Applicants will be notified as to testing date and time
- TIME:**
- PLACE:** Sedro-Woolley Public Safety Building; 325 Metcalf Street
- WHAT to bring:** Running shoes, and clothing you can work in.
- SCORE:** You must pass the written exam to continue the testing process.



## **HOW DOES THE TESTING WORK?**



First, you will be given a written test. At the completion of the all candidates finishing the written, the physical test will begin. At the completion of the physical test, you will be given a time for your oral interview (given later in the afternoon).

## **WILL I FIND OUT MY RANKING ON THE TEST?**

Yes, you will be notified by letter, and if you are not hired your name will be put on a list for possible hire at a later date. Our list for volunteers is good for one (1) year.

## **WHAT IS A RESIDENT?**

A resident is a live in firefighter and “residents” have different duties requirements than that of an outside volunteer. Quarter’s personnel (“residents”) are required to spend at a minimum of four (4) nights a week in quarters, and you are on duty two (2-3) nights a week, from 6 p.m. till 6 a.m. and on weekends you are on duty 24 hours. Each resident has his/her own room with shared facilities and during your duty you are required to maintain these facilities.

## **IF YOU HAVE ANY OTHER QUESTIONS REGARDING THE TESTING PLEASE CONTACT THE FOLLOWING:**

SEDRO-WOOLLEY FIRE DEPARTMENT  
ATTN: TESTING  
325 METCALF STREET  
SEDRO-WOOLLEY, WA 98284

OR CALL

OUR OFFICE HOURS ARE 8:30 – 4:30 MONDAY-FRIDAY  
THE NUMBER IS (360) 855-2252



## SEDRO-WOOLLEY FIRE DEPARTMENT PHYSICAL AGILITY TEST



You must pass all physical agility stations. Failure to complete any station will result to test failure.

Point rating system is established for competitive candidate rating.

### **CLAUSTROPHOBIA TEST:**

The applicant will wear full bunker gear and SCBA with a darkened mask. The candidate will then be instructed to follow a hose through an obstacle course, crawling the entire way. Pass/Fail

### **TOWER PULL TEST:**

Applicant will shoulder carry a 100' bundle of 2 ½" hose to the top floor of the hose tower. At the top floor the hose will be placed on the ground and the applicant will then secure a fall protection device to the hand rail. The applicant will then raise and lower a 100' roll of 1 ¾" hose in a hand over hand motion approximately 30' to the top and then back down. The applicant will release the fall protection device and return the 100' bundle of 2 ½" to the shoulder load position and descend to the bottom floor of the hose tower in a safe and controlled manor at all times. Min passing time: 2:50

### **LADDER CLIMB:**

Applicant will climb to the top of a 35' ladder that is secured to the hose tower and descend back down to the ground while maintaining three points of contact with the rungs of the ladder at all times. Pass/Fail

### **FORCIBLE ENTRY SIMULATOR:**

Applicant will advance a weighted block 2' using a dead blow sledge hammer while maintaining balance and control at all times. Min passing time: 0:32

### **VICTIM DRAG:**

The applicant wearing full bunker gear will drag or carry a hose dummy around a cone 50' from the starting point and back. Min passing time: 0:51

### **HOSE DRAG:**

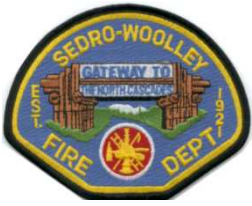
Applicant will advance a charged 1 ½" hose from the nozzle 100' from the starting point across a designated finish line maintaining control at all times. Time will start and stop when the nozzle crosses the lines. Min passing time: 0:51

### **½ MILE RUN:**

The applicant will run an approx. ½ mile course. Min passing time 4:35

*Test will be given in any order needed due to testing site.*

*Test is subject to changes but will be equal to all applicants, there is no appeal process.*



**City of Sedro-Woolley Fire Department**

Dean Klinger, Chief  
325 Metcalf St.  
Sedro-Woolley, WA 98284

(360) 855-2252 • Fax (360) 855-0196

**CITY OF SEDRO-WOOLLEY**

**REFERENCE AND BACKGROUND INFORMATION RELEASE**

I, \_\_\_\_\_, hereby, authorize the City of Sedro-Woolley to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information.

I authorize all previous employers to furnish the City with any and all such information as described above that they might have regarding my employment and reason for leaving.

I release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.

I understand that a copy of this release may be provided to previous employers and references.

If employed, I release the City from any liability for future references the City provides regarding my work history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Copy to:

\_\_\_\_\_  
Employer/Reference Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

NOTE TO DEPARTMENT: Please make a copy of release sent to any reference.  
Attach original and copies to job application



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**NEW RECRUIT TRAINING  
MANDATORY/REQUIRED COURSES**

- First Aid/CPR – Mandatory within 90 days of hire.
- Emergency Vehicle Accidents Prevention – Mandatory within 90 day of hire.
- Skagit County Recruit Academy – Mandatory at first available opening. (or FF1 Cert)
- Aids/HIVs – Required within 1 year of hire.
- Haz/Mat (Operations level) – Required within 1 year of hire.
- \*EMT – Mandatory within 1 year of hire for residents (optional for outside).
- WSFTC – Washington State Fire Training Center
- Must attend all mandatory drills and attend 50 percent of the drills quarterly.
- Must attend all training as required by the Washington Administrative Code.

*\*Mandatory only for Resident position. The City will pay for all mandatory training.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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**WAIVER AND RELEASE  
SEDRO-WOOLLEY FIRE DEPARTMENT  
FIREFIGHTER PHYSICAL AGILITY TEST**

I, the undersigned, acknowledge that I have willingly chosen to participate in the Sedro-Woolley Fire Department's physical agility test for firefighters.

I have received advance notification of the test, which will be administered. I have had the opportunity to consult my personal physician and have done so or chosen not to. I understand that the tests are strenuous and hold the potential for serious injury or death.

I hereby release the City of Sedro-Woolley and its officials, employees, and agents from any liability for injuries or death, which may occur as a result of my participation in the firefighter physical agility tests.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form, I give up all rights whatsoever to recover damages from the city for injury or death arising out of the physical agility testing.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please have this form completed to turn in the day of the physical agility test.**



**CITY OF SEDRO-WOOLLEY  
PERSONAL HISTORY STATEMENT**



**POSITION(s) APPLIED FOR:**  Resident Firefighter  Volunteer Firefighter

**PERSONAL**

The following information is required of you for verification and contact purposes:  
(Please Print or Type)

NAME:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

ADDRESS (current): \_\_\_\_\_  
Number Street City State Zip

PHONE NO. (Day): \_\_\_\_\_ PHONE NO. (Night): \_\_\_\_\_

HOURS YOU CAN BE REACHED: \_\_\_\_\_  
(Day) (Night)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
Month Day Year

City regulations require employees to be U.S. Citizens. You must provide such documentation.

SOCIAL SECURITY NO. \_\_\_\_\_ In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

IDENTIFICATION PURPOSES: \_\_\_\_\_  
Height Weight Hair Color Eye Color

**PRESENT OR LAST FIRE DEPARTMENT YOU WERE WITH:**

DEPARTMENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number/Street City State Zip

NAME OF SUPERVISOR: \_\_\_\_\_

DEPARTMENT PHONE NO. \_\_\_\_\_

PAID OR VOLUNTEER DEPARTMENT: \_\_\_\_\_



**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 5 years. (For the purposes of this personal history statement, voluntary work would be included as employment.) For identification and verification, indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, list those periods in sequence in the spaces provide.

Dates of Employment                      Name/Address/Phone No. of Employer                      Name of Supervisor  
From                      To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

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- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

Dates of Employment                      Name/Address/Phone No. of Employer                      Name of Supervisor  
From                      To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

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- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

Dates of Employment                      Name/Address/Phone No. of Employer                      Name of Supervisor  
From                      To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

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- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving



EXPERIENCE AND EMPLOYMENT – Continued

Dates of Employment                      Name/Address/Phone No. of Employer                      Name of Supervisor  
From                      To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_/\_\_\_\_

- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

Dates of Employment                      Name/Address/Phone No. of Employer                      Name of Supervisor  
From                      To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_/\_\_\_\_

- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

Dates of Employment                      Name/Address/Phone No. of Employer                      Name of Supervisor  
From                      To  
Mo Yr Mo Yr  
\_\_\_\_/\_\_\_\_/\_\_\_\_

- Full-Time
- Part-Time
- Voluntary

\_\_\_\_\_  
Title or duties (for identification purposes)

\_\_\_\_\_  
Name(s) of co-worker(s)

Reason for leaving

Would any problem result if your present employer was contacted during the course of the background investigation?     Yes                       No

If “no”, when should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain in the space below.

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Have you ever filed a claim(s) for workers' compensation?  Yes  No

If "yes", please give details (include when, where, circumstances).

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Have you had any extended work absences for reasons other than earned vacations?  Yes  No

If "yes", please explain (include when, name of employer, why).

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Have you ever been fired or asked to resign from any place of employment?  Yes  No

If "yes", please give details (include when, where, circumstances).

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**EDUCATION**

This position requires a high school diploma or the equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a college diploma.
- I have some college.
- I possess a high school diploma.
- I possess the G.E.D. (General Educational Development) test.
- I possess other equivalent. Explain \_\_\_\_\_

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made. Please fill in the spaces provided below:

Name of School	Location of School (City and State)	Dates Attended		School remarks (type of degree, ect)
		From	To	
High School:				
College or University:				
College or University:				
Trade or Vocational School:				
Fire Fighter I Certification				
EMT Certification earned				
Additional Training or Certificates Earned:				

*(Please attach copies of all diplomas, certificates and/or college transcripts.)*

**Reference**

In the space below please list as reference 3 – 5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

NAME	MAILING ADDRESS	TELEPHONE
NAME	MAILING ADDRESS	TELEPHONE
NAME	MAILING ADDRESS	TELEPHONE
NAME	MAILING ADDRESS	TELEPHONE
NAME	MAILING ADDRESS	TELEPHONE

Have you ever been arrested or charged with any violation excluding traffic and parking tickets?  Yes  No

List all such matters even if not formally charged, or no court appearance, or found guilty, or matter settled by payment of fine or forfeiture of collateral.

Date	Place & Department	Charge	Final Disposition	Details

**MOTOR VEHICLE OPERATION**

Operation of a motor vehicle is an integral part of the position of Volunteer Firefighter. An investigation of your driving history will be made through a records check.

Washington State Drivers License Number	Expiration Date
Name under which license was granted	

Please list other states where you have been licensed to operate a motor vehicle.

State: _____	State: _____	State: _____	State: _____
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:
_____	_____	_____	_____

Have you ever been refused a driver's license by any state?  Yes  No  
If "yes", please explain (include when, where, why).

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**SPECIAL QUALIFICATIONS AND SKILLS**

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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List any specialized machinery or equipment which you can operate.

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List any other special skills or qualifications you may possess.

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I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name    Signature in full    Date Completed