



McLane Black Lake Fire Department • 125 Delphi Rd NW • Olympia, WA 98502 • (360) 866-1000

VOLUNTEER FIREFIGHTER / EMT

&

EMS Position

OPENS: **October 15, 2024 – 0800 Hours**

CLOSES: **Round 1: November 1, 2024 - 1200 Hours**
Round 2: November 30, 2024 - 1600 Hours

McLane Black Lake Fire Department in Olympia, WA is accepting applications for the position of Firefighter/EMT and EMS only positions.

POSITION DESCRIPTION

The volunteer position works directly for their assigned shift officers. The primary responsibility of this position includes conducting emergency medical and fire response, maintaining operational readiness, assisting with training, supporting fire and life safety education programs and performing BLS transport. McLane Black Lake Fire Department is a combination fire department. The successful candidate will be expected to complete 36 hours of activities each month to include but not limited to; shifts, training, and public relations.

WORKING CONDITIONS

Working conditions may include mentally and physically stressful situations to include extreme temperatures, contaminated atmospheres, hazardous materials, adverse weather, extreme heights, confined areas, and medical trauma.

MINIMUM QUALIFICATIONS

- At least 18 years of age
- High School Diploma or GED
- Valid Driver's License (WA license required by first day of employment)
- CPAT physical ability test within the six months preceding December 21, 2024. Proof must be provided to the department prior to December 21, 2024

TESTING PROCESS

- Written Examination (Provided on-line pass w/ 80% prior to Nov 8)
- Oral Board
- Chief's Interview

APPLICATIONS MAY BE OBTAINED AT:

www.mclanefire.org or may be picked up at McLane Black Lake Fire Department's headquarters, located at 125 Delphi Rd. NW, Olympia WA 98502, beginning Thursday, Tuesday October 15th at 0800. If you have questions, please call (360) 866-1000.

CONDITIONS OF EMPLOYMENT

- Successful applicants must pass a background check according to District policy.
- Successful applicants must pass a Drivers Abstract review and maintain their driving record in accordance with District policy.
- Successful applicants must submit to and pass a medical physical examination and pre-employment drug screen.
- *McLane Black Lake Fire Department is an equal opportunity employer.*

APPLICATION PACKET CHECKLIST

Return with Application

Applicant Name: _____

Date: _____

Each item below must be returned with your application packet. Please use the checklist to ensure each item is included with your returned application. This information will remain on file for a minimum of one year from the date of receipt.

REQUIRED ENCLOSURES

Application completed and **signed**

Letter of interest

Driving Record – *Complete Record*

(available online from WA State Department of Licensing or from the state where licensed is issued)

Copy of current EMT certification (if a current EMT)

Verification of successful completion of the CPAT physical ability test, from a licensed provider, taken within the six-month period preceding the date of the written exam (may be included in packet or provided on the date of the written examination). – ***A CPAT will be scheduled at McLane Black Lake Fire Department on December 21 & 22, 2024.***

OPTIONAL ITEMS

Resume

Certifications pertaining to the position

Process Schedule

	Round 1		Round 2	
	Date	Time	Date	Time
Applications Due	November 1, 2024	1200	November 30, 2024	1600
Written Test Due	November 8, 2024	1600	December 6, 2024	
Peer Fitness-Starts	November 8, 2024	TBD	N/A	N/A

	Date	Time
CPAT	December 21 & 22, 2024	TBD
Oral boards	January 7-9, 2024	TBD
Chiefs Interview	TBD	TBD
Medical Physical	TBD	TBD

Notes/Details

Application

Applications must be received at the District 9 headquarters station by dates listed above. **Postmarks or faxes will *not* be accepted.**

1. Email completed documents to Hiring@mclanefire.org
2. Hand deliver or FedEx, UPS or USPS application and documents to:
125 Delphi Rd. NW
Olympia WA 98502

Applications will be reviewed following closing. Candidates meeting minimum qualifications will be notified and invited to participate in the written examination.

Written Examination

The written examination will be provided to the applicant online once their application has been received with all proper documentation and signatures

Peer Fitness Program

If your application is turned in prior to Nov. 2 you will have the opportunity to participate in the program to help prepare you for the CPAT test.

Oral Board

Candidates advancing from the written exam will be notified of the date and time of their Oral Board Assessment.

Every effort will be made to adhere to this testing schedule. If changes are necessary, applicants affected by the change will be notified.



125 Delphi Rd NW
Olympia, WA 98502

Business | 360.866.1000 Fax | 360.867.0508
www.mclanefire.org

DATE OF APPLICATION:
POSITION:
POSITION STATUS (CIRCLE ONE): FULL-TIME PART-TIME VOLUNTEER

INSTRUCTIONS:
ALL QUESTIONS on this form must be answered in complete detail. If a question does not apply to you, write: NA (not applicable). Applications must be filed on or before the closing date for the position. Postmarks will not be accepted.

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE ALL INFORMATION

SECTION 1 - PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
PHYSICAL ADDRESS	CITY	STATE ZIP
MAILING ADDRESS (if different from above)	CITY	STATE ZIP
Can you provide proof of a legal right to work in the United States after hire?		<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME PHONE:	CELL PHONE:
EMAIL ADDRESS (Personal):	

SECTION 2 - DRIVING RECORD INFORMATION

DRIVERS LICENSE NO.	STATE	ISSUED DATE	EXPIRATION DATE
<i>All applicants must complete this section if they have a valid Driver's License. Please complete and sign the attached Washington State Department of Licensing Form DSC-425-020: Driving Record, Release of Interest if issued in WA State.</i>			

SECTION 3 - EDUCATION, TRAINING & SKILLS

	NAME OF SCHOOL	LOCATION (City, State)	GRADUATED	GRADE COMPLETED or DEGREE EARNED
HIGH SCHOOL			YES NO	
COLLEGE or TRADE SCHOOL			YES NO	

LIST OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTEND:

DESCRIBE SKILLS or EXPERIENCE (i.e. typing, computer skills & software applications, mechanical, etc.):

SECTION 4 - EMS EXPERIENCE & CERTIFICATIONS

	CERTIFICATION LEVEL	CERTIFICATION NO.	EXPIRATION
Washington State DOH EMS Certification			
National Registry			
Out-of-State EMS Cert. STATE: _____			
Other (i.e. First Aid Card)			

EMS RELATED TRAINING AND EDUCATION:

Please list, with dates, applicable certifications, training and education (attach certificates or training records):

BRIEFLY DESCRIBE YOUR EMS EXPERIENCE:

Please attach training records from previous agencies if available.

SECTION 5 - FIRE EXPERIENCE & CERTIFICATIONS

FIRE SERVICE-RELATED TRAINING AND EDUCATION:

Please list, with dates, applicable certifications, training and education (attach certificates or training records):

BRIEFLY DESCRIBE YOUR FIREFIGHTING EXPERIENCE:

Please attach training records from previous agencies if available.

SECTION 6 - REFERENCES

PERSONAL & PROFESSIONAL REFERENCES (List at least two personal references):

NAME	ADDRESS	CONTACT PHONE	TYPE OF REFERENCE

SECTION 7 – EMPLOYMENT HISTORY

INSTRUCTIONS: Beginning with your most recent employer, list your work/experience history for the last 10 years and any experience prior to that time which is directly related to the position for which you are applying. Please include Fire or EMS Agencies regardless of employment status. A resume does not substitute for this section, please attach.

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: _____

Agent business name if acting on behalf of the company for employment purposes: _____

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of
Your name
 the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name <i>(First, Middle, Last)</i>	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature X	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name	Authorized representative name	Title
Address		

Date and place signed

X

Authorized representative signature

NOTE: *The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.*