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| General Information | | | | |
| **Name (Last)** | **(First)** | | **(Middle Initial)** | **Home Telephone**  **(   )     -** |
| Address (Mailing Address) | **(City)** | (State) | (Zip) | **Other Telephone** (   )     - |
| **E-Mail Address** | Are you legally entitled to work in the U.S.?  Yes  No | | | |

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| **Position** | |
| Position or Type of Employment **Division Chief-Professional Development** | |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? | Yes  No |
| **Date Available** | |

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| Education AND Training | | | | | | | |
| High School Graduate or General Education (GED) Test Passed? | | | Yes  No | | | | |
| **College, Business School, Military** **(Most recent first)** | | | | | | | |
| Name and Location | Dates  Attended  Month/Year | Credits Earned | | | Graduate | Degree  & Year | Major  or Subject |
| Quarterly or  Semester  Hours | | Other  (Specify) |
|  | From |  | |  | Yes  No |  |  |
| To |  |
|  | From |  | |  | Yes  No |  |  |
| To |  |
|  | From |  | |  | Yes  No |  |  |
| To |  |
|  | From |  | |  | Yes  No |  |  |
| To |  |

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| Military Service | | | |
| **Branch of Service** | **Date of Entry** | **Date of Discharge** | **Type of Discharge** |

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| **Special Skills** |
| **List all pertinent skills and equipment that you can operate** |

| **WORK/VOLUNTEER EXPERIENCE** | | | |
| --- | --- | --- | --- |
| **List employment and/or volunteer service (most recent first). Attach additional pages if necessary.** | | | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**  Yes  No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title:** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving:** | | **May We Contact This Employer?**  Yes  No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**  Yes  No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title:** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving:** | | **May We Contact This Employer?**  Yes  No | |

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| **Disqualifying Factors** | | |
| *Please indicate if you have any of the following criminal history or driving record disqualifying factors:* | |
| **Criminal History** | **Driving Record** | |
| Any Felony Convictions  Any Misdemeanor Convictions related to sexual misconduct, property crimes, or violence  Other Misdemeanor Convictions within 5 years | Driving Under the Influence within the last 10 years  Suspensions within the last 10 years  Any at fault accidents within the last 5 years.  More than 2 moving violations within the last year  More than 5 moving violations within the last 5 years | |

***All personnel will be subject to a drug and alcohol screening.***

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

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| Signature | Date (mm/dd/yy)    /  / |

***Central Whidbey Island Fire & Rescue is an Equal Opportunity Employer.***

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| **Name (Last)** | **(First)** | **(Middle Initial)** |

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| Experience |  |
| ***Required Qualification*** | |
| 8 Years Progressively Responsible Fire & Rescue Experience |  |
| 3 Years as a Company Officer |  |

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| Education |  |
| ***Required Qualification*** | ***Documentation Attached*** |
| 4 Year (Bachelors) Degree Major: |  |
| ***Desired Qualification*** | ***Documentation Attached*** |
| National Fire Academy Executive Fire Officer (Graduate) |  |
| Master’s Degree Major: |  |

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| Certification & Designation |  |
| ***Required Qualification*** | ***Documentation Attached*** |
| Washington State Class C Driver’s License (or equivalent) |  |
| Washington EMT-Basic (or ability to obtain reciprocity) |  |
| IFSAC Fire Officer II (or equivalent) |  |
| IFSAC Hazmat Operations (or equivalent) |  |
| NWCG Wildland Firefighter Type II (or ability to obtain within 12 months of hire, training provided) |  |
| NIMS ICS 700, 100, 200, & 300 |  |
| Blue Card Type IV & V Incident Commander (or ability to obtain within 3 months of hire, training provided) |  |
| IFSAC Instructor II (or equivalent) |  |

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| Certification & Designation | |  | |
| ***Desirable Qualification*** | | ***Documentation Attached*** |
| Blue Card Incident Command Instructor | |  |
| Washington Department of Health Senior EMS Instructor (SEI) | |  |
| International Fire Code Inspector or IFSAC Fire Inspector I Certification | |  |
| IFSAC Safety Officer Certification (or equivalent) | |  |
| CPSE Fire Officer Designation (FOD) | |  |
| CPSE Chief Fire Officer Designation (CFO) | |  |
| Other CPSE Designation (Specify): | |  |
| Institution of Fire Engineers Grade (Specify): | |  |

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| Language Skills |  |
| Please describe your level of proficiency in Spanish (or other foreign) language | |

|  |  |  |  |
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| References | | | |
| List three references (excluding relatives or former supervisors) | | | |
|  | |  | |
| **Name** | | **Telephone**  (   )     - | |
| Address (Mailing Address) | **(City)** | (State) | (Zip) |
|  | |  | |
| **Name** | | **Telephone**  (   )     - | |
| Address (Mailing Address) | **(City)** | (State) | (Zip) |
|  | |  | |
| **Name** | | **Telephone**  (   )     - | |
| Address (Mailing Address) | **(City)** | (State) | (Zip) |

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| Supplemental Questions |  |
| Please limit your answers to the following questions to a single page. | |

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| CWIFR is staffed with a mix of full-time, part-time, and volunteer personnel with varying levels of education, training, and experience. How would you approach providing a comprehensive fire, rescue, and emergency medical services training program to this diverse audience? |

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| CWIFR works collaboratively with our neighboring fire districts in delivery of recruit training and serves as the Blue Card command training center for fire agencies on Whidbey Island. Describe your experience with interagency collaboration and how you would approach expansion of this collaboration to include in-service training, |

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| --- |
| CWIFR’s division chief serves as one of three command duty officers (along with the fire chief and deputy chief). Describe your experience as a command officer managing multi-company emergency operations. |