

# Airway Heights Fire Department

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## Application Process

Applications can be submitted at any time.

Applicants will receive a letter with next 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

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## Application for Firefighter

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Full Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    Middle                    Last

Address: \_\_\_\_\_  
                    Street or P.O. Box                    City                    State                    Zip

Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a driving offense: YES NO

If yes, please explain what the charge was and when it occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your driver's license**

### Personal Information (\* Completion is Optional)

Time at present address: \_\_\_\_\_ Are you age 18 or older: Yes No

\*Birthplace: \_\_\_\_\_

\*Marital status: Married Single \*Name of Spouse: \_\_\_\_\_

\*Number of Children: \_\_\_\_

**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: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ Specialty: \_\_\_\_\_

Rank: \_\_\_\_\_ Status: \_\_\_\_\_

Type and date of Discharge: \_\_\_\_\_

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## 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

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## 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:** \_\_\_/\_\_\_/\_\_\_

# Airway Heights Fire Department

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## QUESTIONS

Please write longhand answers to the following questions.

1. Why do you seek this position?

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2. What role does this position have in your plan for the future?

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3. What do you consider to be the most important assets you personally have to offer this department?

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4. How did you hear about the Airway Heights Fire Department?

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## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a volunteer position with the Airway Heights Fire Department, I am required to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of confidential or privileged nature, to any duly authorized agent of the Airway Heights Fire Department.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of birth

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Signed

\_\_\_\_\_  
Signature

