

Airway Heights Fire Department

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

Check the position you are applying for.

Firefighter

EMS Only

Support Services

Application

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 DRIVERS 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: _____

Airway Heights Fire Department

Military Service

Branch: _____ Specialty: _____

Rank: _____ Status: _____

Type and date of Discharge: _____

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

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

QUESTIONS

Please write longhand answers to the following questions.

1. Why do you seek this position?

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

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

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

Airway Heights Fire Department

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



Airway Heights Fire Department

Applicant Criminal Conviction Disclosure Form -Confidential Information-

Important Application Information:

As a public service agency, it is necessary that all volunteer personnel of the Airway Heights Fire Department be carefully screened prior to appointment or approval. This information is required in order to safeguard the confidentiality of department information. This disclosure requirement does not preclude your volunteer service with any Airway Heights Fire Department if, in the judgement of the appointing authority, your qualifications are determined to be appropriate for the position for which you are applying.

Print Full Name: _____

Date of Birth: __/__/_____

Social Security Number: ___-___-_____

Sex: _____

Race/Nationality: _____

Place of Birth: _____

List below convictions and incarcerations for any prior felony offense(s) also list any gross misdemeanor offense(s). Include those sentences that were suspended and/or deferred and those issued by a juvenile court where the defendant was fifteen years of age or older at the time the offense was committed. Do not include convictions vacated by a court and removed from the official record. If there are no convictions, indicate by writing "NONE" below.

Date	Crime	If incarcerated, give location and dates. If not incarcerated, what disposition was made.
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If any convictions, have you received a final discharge from supervision, including all civil rights being restored.

Yes ___ (indicate date __/__/_____ and attach a copy of discharge) No ___

All answers and statements are true and complete to the best of my knowledge. I understand that a background check, including, but not limited to, arrests and convictions, prior employment and education will be conducted, that if added to the department, I may be fingerprinted and that untruthful or misleading answers or deliberate omissions are cause for rejection of my application, removal of my name eligible registers or dismissal, if an active volunteer.

____/____/_____
Date

Signature of applicant