



# Kittitas Valley Fire & Rescue

## Kittitas County Fire District 2

400 East Mt. View  
Ellensburg, WA 98926  
509/933-7231 • Fax 509/933-7245

### Application for Administrative Support Specialist

**NOTE: If you require any special accommodation in filling out this application, please call (509) 933-7231**

**Date of Application:** \_\_\_\_\_

Position: *Administrative Support Specialist (Training Division)*

COVID -19 Vaccination Status: *Currently, this position is exempt from vaccination requirements. This may change based on evolving regulations. Vaccination against COVID 19 may become a bona fide condition of employment.*

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Telephone ( ) \_\_\_\_\_

Are You 18 Years or Older?  Yes  No

Have you ever been employed by us before?  Yes  No If Yes, give dates: \_\_\_\_\_  
From To

Relatives Employed by the District: \_\_\_\_\_

*(Having a relative employed by the District will not necessarily bar you from employment)*

Relationship: \_\_\_\_\_

**KITTITAS COUNTY FIRE DISTRICT 2 IS AN EQUAL OPPORTUNITY EMPLOYER AND SHALL NOT DISCRIMINATE AGAINST AN EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, OR PHYSICAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU SHOULD NOTIFY THE DISTRICT'S HUMAN RESOURCE MANAGER IMMEDIATELY.**

## EMPLOYMENT EXPERIENCE

**Beginning with your present or most recent employment, list all your work experience for at least the last ten years, including periods of self-employment, volunteer activities, & U.S. military service.**

*Attach separate sheets if necessary*

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

## EMPLOYMENT EXPERIENCE CONTINUED

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			
Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:		
Position:			
May We Contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

## EDUCATION

<b>High School:</b>		<b>Address:</b>	
<b>Years Completed:</b>	<b>Did you graduate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Degree:</b>
<b>College</b>		<b>Address:</b>	
<b>Years Completed:</b>	<b>Did you graduate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Degree:</b>
<b>Technical School</b>		<b>Address:</b>	
<b>Years Completed:</b>	<b>Did you graduate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Degree:</b>
<b>Other School/Training</b>		<b>Address:</b>	
<b>Years Completed:</b>	<b>Did you graduate?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Degree:</b>

## CERTIFICATION INFORMATION

Do you possess a current Driver's License?             YES             NO

CDL?             YES             NO            CLASS:

**Please Indicate any FOREIGN languages you speak, write, and/or read:**

	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>WRITE</b>			
<b>READ</b>			

**Please Indicate any additional certifications or licenses not identified above, you wish to share:**

## ADDITIONAL INFORMATION

**Describe any administrative related experience or training.**

**Summarize special Job related skills and qualifications acquired from employment or other experience.**

**Summarize any additional information you feel may be helpful to us in considering your application.**

## REFERENCES/BUSINESS AND PERSONAL

1. *Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *Relationship-i.e. friend, co-worker:* \_\_\_\_\_
2. *Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *Relationship-i.e. friend, co-worker:* \_\_\_\_\_
3. *Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *Relationship-i.e. friend, co-worker:* \_\_\_\_\_
4. *Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *Relationship-i.e. friend, co-worker:* \_\_\_\_\_

## DRIVING RECORD

To be completed with application. This does not take the place of a WA State Driving Record which you may be asked to provide.

Name: \_\_\_\_\_  
(Please Print) (Last, First, Middle Initial)

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**List any notices of infraction or traffic citations which you have received in the past 5 years.**

*If more space is needed, please attach additional sheets of paper*

STATE	MONTH/YEAR	TYPE OF INFRACTION

**Driving Standards:**

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years of age and will be required to present a valid Washington State driver's license with any necessary endorsements. Applicants may be disqualified under the following circumstances:

**Violations**    More than two moving violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

**Accidents**    More than one motor vehicle accident within the preceding three years for which the applicant a traffic or criminal citation and was convicted, forfeited bail, or entered a plea  
 "guilty" or "nolo contendere."

Infractions or citations will not necessarily remove you from consideration, but KCFD 2 will consider your driving record and insurability when making employment decisions. The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee. I recognize that completion of this application does not mean that I will be accepted as an employee and does not obligate Kittitas Valley Fire and Rescue (KVFR) to accept me as an employee. If accepted for employment, I agree to abide by all rules, regulations and policies established by KVFR and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will (unless otherwise notified), which means either KVFR or I can terminate employment for any reason or no reason. This application is not an agreement or contract for employment. If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the duties of my then current position with KVFR.

Initial \_\_\_\_\_

I understand that I may be required to undergo drug screening tests as a condition of my employment. To comply with this requirement, I consent to providing a sample of my urine other physical samples (such as blood or hair) after I am offered the position and prior to the start date of my position and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by KVFR as a condition of my employment, and I hereby give my consent to the release of all information which KVFR deems necessary to determine my ability to perform the essential duties of my position now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate termination of my employment with KVFR.

Initial \_\_\_\_\_

I hereby authorize KVFR to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release KVFR and informants from all liability resulting from such inquiries. I waive all right to see or review the information so furnished. I agree to immediately notify (24 hours) KVFR of any instance in which I am arrested or convicted of any felony or misdemeanor.

Initial \_\_\_\_\_

I certify that I am not now, not have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my position with KVFR may be terminated. I agree to immediately notify (within 24 hours) KVFR if I learn that I am being excluded from participation in any federal or state healthcare programs.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# VETERAN'S STATUS DECLARATION

Name \_\_\_\_\_  
Last First Middle Initial

Date \_\_\_\_\_

RCW \_\_\_\_\_  
k# \_\_\_\_\_  
k# \_\_\_\_\_  
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**1. I certify that:**

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**2. Have you been appointed to a position with a state, county or municipal; or other subdivision of the State of Washington AFTER you were eligible for veteran's points?**

Yes  No

If "Yes" Job Title: \_\_\_\_\_ Date Appointed: \_\_\_\_\_

Employer: \_\_\_\_\_

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**3. Scoring Criteria Status Claimed (Check one if you are eligible):**

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7 h \_\_\_\_\_  
k# \_\_\_\_\_ u \_\_\_\_\_ . The perc  
entage shall be added to the passing mark, grade or rating of competitive examinations until the veteran's first  
appointment. The percentage shall not be utilized in promotional exams.



## VETERAN'S STATUS DECLARATION 7 CBHBI 98

Please attach a copy of your United States Department of Defense discharge document, DD Form 214, National Guard Bureau Report of Separation & Service NGB Form 22 or other equivalent or successor discharge paperwork (DD Form 214WS Worksheet, USDVA Verification Letter, Statement of Military Service) that characterizes your service as honorable.

I certify that to the best of my knowledge I am entitled to the veteran's scoring criteria status as set forth in RCW 41.04.010 or the veteran's preference as set forth in RCW 73.16.010, and that by falsely claiming veteran's status. I will be disqualified from employment with Kittitas county Fire District 2-Kittitas Valley Fire & Rescue.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_