OFFICE USE ONLY DATE RECEIVED



929 S GARFIELD ROAD AIRWAY HEIGHTS WA 99001 PHONE (509) 244-2425 FAX (509) 244-2421 www.scfd10.org

### **DEPARTMENT APPLICATION**

#### **Dear Applicant:**

Thank you for your interest in joining Spokane County Fire District 10. You must complete all sections of this application. Please print clearly or type the required information using black or blue ink.

this application. Please print clearly or type the required information using black or blue ink.								
PROGRAM INTEREST								
Please mark the program you are interested in providing volunteer service with:								
☐ Deputy (	Chief							
☐ Division	Chief							
☐ Lieutena	ant							
☐ Firefight	er							
DEDSONAL INFORMA	TION							
First, Middle, Last	PERSONAL INFORMATION  First, Middle, Last							
Address:								
City:					State:		Zip:	
Primary Phone:							I	
Email Address								
Driver's License Number:							State:	
Are you over 18 years	of age?	☐ Yes	☐ No					
How did you learn of this opportunity?    Website   Friend/Relative   Open House   Other								
IN CASE OF EMERGENCY NOTIFY								
Name:								
Phone:								
Relationship:								
MEDICAL CONDITIONS								
List any allergies or other conditions that could affect emergency treatment:								
List physical or health restrictions that could limit effectiveness:								

EDUCaTIONAL BACKGROUND								
	High School							
Graduated?		Yes		No		If not, GED?	☐ Yes	□No
Name School( Attended:	(s)					City/State:		
				College or	Voc	cational School		
Graduated?		Yes		No		Major:		
School(s) Atte	ended:					City/State:		
EMPLOYMEN	T HISTOF	RY (List 3)						
List most rece	ent emplo	yer first. Inclu	de fir	e and/or U.S. N	lilit	ary Service and	l volunteer	service if applicable.
Employer:	t was und	der a different n	ame,	piease indicat	e n		f Duties an	nd/or Responsibilities:
Supervisor:					1	Description o	Duties ai	idroi Responsibilities.
Address:					-			
City:					╣			
State:		ZIP Code:			╣			
Telephone:		ZIF Code.			-			
					╣	Reason for Le	ovina.	
Position(s):  Dates of			10	1	4	Reason for Le	eaving:	
			to			5	( D. ()	W. B
Employer:					╣	Description o	t Duties an	nd/or Responsibilities:
Supervisor:					4			
Address:					4			
City:		T			4			
State:		ZIP Code:			4			
Telephone:					4			
Position(s):			1	1	4	Reason for Le	eaving:	
Dates of Empl	oyment:		to					
Employer:						Description o	f Duties an	nd/or Responsibilities:
Supervisor:								
Address:								
City:			1					
State:		ZIP Code:						
Telephone:								
Position(s):			1	1		Reason for Le	eaving:	
Dates of Empl	oyment:		to					
If you wish to in	clude add	itional experience	, plea	se attach the abo	ove	information for ea	ach position	on a separate sheet of paper.
REFERENCES	REFERENCES							
List three (3) r	non-famil	y references:						
Name:						Relation:		
Phone:						E-Mail Addres	ss:	
Name:						Relation:		
Phone:						E-Mail Addres	ss:	
Name:						Relation:		
Phone:						E-Mail Addres	ss:	

QUALIFICATIONS, SKILLS, & TRAINING			
List any Fire/Rescue, EMS, and/or emergency n	nanagement certifications you curre	ntly hold Include expir:	ation dates
and certifying state, department, or agency. Ple			Mon dates
Certification	Certifying State/Department/A		tion Date
	, , ,		
List any special qualifications, skills, certificate	s, training and/or licenses you hold		
CERTIFICATION & AGREEMENT			
	statement must be signed.		
Please read the follo	owing statement carefully b	efore signing.	
I understand that any information contained within			
of this application is confidential and will be use			
accepted by Fire District 10, I may be subjected			
Fire District 10 informed as to any changes or convictions, traffic violations, etc.) I also understa			
	nd may terminate my membership.	illioimation will make thi	3 application
Applicants receiving a conditional offer of er			
background check. Criminal convictions are not a 10. Considerations include, but are not limited to			
	oosition applied for and the type of crim		elationship
, , , , , , , , , , , , , , , , , , , ,	reciner, approare, and are type or error	•	
Signature of Applicant		Date	
Signature of Applicant		Date	
Printed Name of Applicant	i .		
YOUR APPLICATION IS NOT CON	SIDERED COMPLETE LINTIL	ALL THE FOLLOWIN	ıc
	MENTS ARE RECEIVED:	TE THE TOLLOWIN	
DOCO	HEIRI S AND NECEIVED.		
Completed application including copies	s of certifications		
☐ Notarized Authorization to Release Inference	ormation Form		

See cover sheet for additional information



#### AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern,

I authorize you to furnish Spokane County Fire Protection District #10 with any and all information that you have concerning me, my work record and my reputation, not prohibited by the Washington State Law against Discrimination RCW 49.60 and regulations concerning Fair Pre-Employment Inquiries. This will include a criminal background check.

Information of a confidential or privileged nature may be included. Your reply will be used to assist Fire District 10 in determining my qualifications and fitness for the position I am seeking with the Fire District.

I further understand that the District may, from time to time, request an updated driving and/or criminal background check and that I am required to inform the District of any driving changes including violations

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested. Please consider copies of this document to have the same power of authorization as an original document.

## DO NOT SIGN OR DATE THIS DOCUMENT UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

Date of Birth	Social Security Number
Print Name	Signature
	Date
SUBSCRIBED AND SWORN TO before me	e this,
Notary Pub Spokane	olic in and for the State of Washington Residing at

#### SPOKANE COUNTY FIRE DISTRICT 10

#### **IOB DESCRIPTION**

Position: Deputy Chief-Safety and Logistics Reports To: Fire Chief

Section: Safety and Logistics FSLA Status: Exempt

#### I. Role

Under direction of the Fire Chief the Deputy Chief of Safety and Logistics (DCSL) performs or provides supervision and oversight to those functions assigned to the Logistics and Safety Sections. In the Chief's absence, a Deputy Chief shall be the highest ranking officer.

The DCSL will participate in the formulation of labor relations policy, assist in preparation for collective bargaining unit negotiations and assist in the administration of the collective bargaining agreement.

The DCSL will have supervisory authority over any Maintenance and Safety Lieutenant, assigned\_career firefighters and Support Services Officers and Volunteers, including holding subordinates accountable by exercising independent judgment in the areas of employee evaluations, and discipline and making recommendations as to hiring and firing decisions. The DCSL is authorized to resolve grievances through the Preliminary Grievance Procedure or the Formal Grievance Procedure as set forth in the collective bargaining agreement.

The DCSL will attend periodic management meetings to evaluate, discuss and implement management policies.

Represent the District on a regional or interagency basis on boards or committees related to assigned responsibilities (i.e. Spokane County Emergency Communications Committee).

Develop and oversee budgets for assigned areas of responsibility.

The DCSL will act in the role of Duty Officer on assigned time periods or as needed by the District.

Act in the capacity of Fire Chief as required by the Fire Chief or at times may report to the Board of Fire Commissioners.

The DCSL shall be required to comply with District policy requiring personnel to maintain the fitness and skills to perform any duty that may be required of suppression personnel.

Other such duties as assigned.

#### II. Duties

#### Health and Safety Program

- Manage the District's health and safety program
- Designated as District Safety Officer per NFPA 1521
- Designated District Health and Safety Officer per NFPA 1500
- Designated Chair of District Safety Committee
- Designated Infection Control Officer
- Designated Respiratory Protection Officer
- Designated Health and Fitness coordinator per NFPA 1583
- Manage, direct, assist, and develop Incident Safety Officers as necessary
- Ensure compliance with any safety related reporting or inspection requirements
- Develop and maintain processes for adequate investigation of injuries and/or accidents involving District members, equipment, and/or facilities and ensure compliance with these processes.

#### Logistics Section

- Manage the District's Maintenance Program
- Supervise assigned Program Officers (Maintenance/Safety)
- Develop, manage, and oversee Support Services Volunteer Program
- Administer and supervise Project Management services for all capital projects (i.e. facilities, apparatus)
- Develop requests for proposals and/or bid specifications
- Manage procurement and inventory issues
- Ensures compliance with all bid and/or procurement laws
- Manage the District's fleet
- Coordinate the maintenance and management the District's communications systems (radios, phone systems, internet service)
- Coordinate the maintenance and management the District's information management system
- Manage supply inventory for all District facilities, apparatus, and equipment to meet the needs of District (i.e. fuel, cleaning supplies)
- Develop and implement cost containment/efficiencies programs to ensure maximum use of District resources

#### III. Qualifications

#### Basic Deputy Chief Qualifications

- An Associate's degree in fire science, public administration, or related field is required, with a bachelors or higher degree preferred; or a combination of education, experience and training that clearly defines the applicant's ability to perform the described essential functions of the position.
- Must hold or be able to obtain and maintain a Washington State Driver's license with EVIP Cert with 45 days of date of hire
- Must possess and maintain Washington State EMT B certification
- Must possess IFSAC Fire Officer I certification
- Must be in sufficient good health to fully perform the physical requirements of this
  position.
- Must not be drug/alcohol dependent subject to district policy.
- Must be capable of using assigned computerized equipment in maintaining documentation and producing required products
- Experience and familiarity with contemporary fire services practices/ including leadership and supervision
  - Hazardous Materials On-scene Incident Commander (to be completed within one year of employment)
- Experience in establishing successful working relationships with firefighters and administrative staff
- Must Pass a criminal and driving background check and maintain satisfactory record

#### Position Specific Preferred Qualifications

- Training, certification, and/or experience in Health and Safety Program Management: current HSO or equivalent course completion
- Training, certification, and/or experience as Incident Safety Officer
- Training and/or experience in Project Management
- Experience in fleet management and maintenance
- Experience in facilities management and maintenance
- Training and/or experience in managing information management systems
- Training and/or experience in managing communications systems
- NWCG Crew/Engine Boss certification to progress to Strike Team Leader Engine or higher
- Certifications through ICS-400 and IS-800 levels or higher
- Certification NWCG Type IV IC or equivalent

#### Physical Requirements

- Performance in this position will require repetitive bending, occasional lifting of weights of 50 pounds or more and ability to run and move quickly.
- This position may be required to work in inclement weather conditions for long hours.
- Must reside within the Spokane County Fire District 10 or reside in a location that enables physically reporting to the District administrative office within 10 minutes of an emergency call.

# Deputy Chief Safety/Logistics Evaluation Questionnaire

Ca	andidateDate	
Yo	ou may use separate paper if needed to fully respond to each of the follo	wing questions
1.	Please state why you should be selected for the above position	
2.	In what areas has your job performance improved during the past yea	r?
3.	Please list the accomplishments of professional and personal developments of professional and personal developments of professional and personal developments.	nent that
	A. During the past year	
	B. During the past three years	
4.	In what aspects of your current job do you need more experience and	training?
5.	Please identify the type and size of the one or more fire service organi in which you were responsible for > Safety of Apparatus > Functionali Maintenance of Facilities and > Safety and Health of Personnel.  Include your job title and a brief description of the scope of your rein each of these organizations.	ty and
	1 <sup>st</sup> Organization	
	2 <sup>nd</sup> Organization	

5A.	Describe how you organized and managed each of the following functions in the organization(s) that you cited above.
	Apparatus
	Facilities
	Personnel
5B.	Describe one or two of the most challenging issues that you encountered as manager for each of the following functions in the organization(s) that you cited above.
	Apparatus
	Facilities
	Personnel
5C.	Describe some of the solutions you implemented to address the challenging issues listed above for each of the following functions in the organization(s) that you cited above.
	Apparatus
	Facilities
	Personnel

5A.

טכ	challenging issues listed above for each of the following functions in the organization(s) that you cited above.
	Apparatus
	Facilities
	Personnel
6.	Summarize your leadership style – how you lead and motivate people
7.	Describe the scope of your responsibilities and experience performing in the following responsibilities:
	A. Preparing and managing the annual budget including budgets for capital projects
	B. Managing and working with management information systems
	C. Experience managing Project Management Systems for capital projects
8.	Indicate your level of experience working with MS Office software: MS Word, Outlook, Excel, Power Point
	ExpertHighly CompetentCompetentSlightly Competent
	Please list the software applications you have worked with and comment on your level of competence with each software application
9.	Indicate your level of competence managing workstations and servers:
	ExpertHighly CompetentCompetentSlightly Competent

10. Indicate the length of time and the scope of your experience working with and managing communication systems.

11.	Please explain your level of understanding of what the 1020 officer involves and if you are able to work the schedule.