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	PROGRAM INTEREST							
Please mark the progr	Please mark the program you are interested in providing volunteer service with:							
☐ Deputy (Chief							
☐ Division	☐ Division Chief							
☐ Lieutenant								
☐ Firefight	er							
PERSONAL INFORMA	TION							
First, Middle, Last	ITON							
Address:								
City:					State:		Zip:	
Primary Phone:								
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 Vocational School									
Graduated?		Yes		No		Major:				
School(s) Atte	ended:					City/State:				
EMPLOYMENT HISTORY (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 of Duties and/or Responsibilities:				
Address:					-					
City:					╣					
State:		ZIP Code:			╣					
Telephone:		ZIF Code.			-					
					╣	Reason for Le	ovina.			
Position(s): Dates of			40		4	Reason for Le	eaving:			
			to			5	(D. ()	W. B		
Employer:					4	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	3									
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 expiration	dates
and certifying state, department, or agency. Ple			uaics
Certification	Certifying State/Department/A	1 2	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.	Timormation will make this app	nication
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		σιισιιφ
, , , , , , , , , , , , , , , , , , , ,	reciner, approare, and are type or error	<u>-</u>	
Signature of Applicant		Date	
Signature of Applicant		Date	
Printed Name of Applicant	(
YOUR APPLICATION IS NOT CON	SIDERED COMPLETE LINTIL	ALL THE FOLLOWING	
	MENTS ARE RECEIVED:	TE THE TOLLOWING	
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 this_	day of
Notary Public in Spokane	and for the State of Washington Residing at

SPOKANE COUNTY FIRE DISTRICT 10

JOB DESCRIPTION

Position: Deputy Chief – Professional Services Reports To: Fire Chief

Section: Professional Services FSLA Status: Exempt

I. Role

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

The DCPS 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 DCPS will have supervisory authority over any EMS, Training and Prevention Lieutenants, assigned career firefighters and operations 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 DCPS 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 EMS & Trauma Council).

Provide recommendations to the Fire Chief as relates to contract negotiations.

Develop and oversee budgets for assigned areas of responsibility.

The DCPS 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 Board of Fire Commissioners.

The DCPS 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

Operations Section

- Act as EMS Program Supervisor
- · Provide guidance and oversight of Training Division
- Provide guidance and oversight of Prevention Division
- Supervise assigned Program Lieutenants
- Assign supervisors (Lieutenant) to career firefighters
- Create and monitor work schedules and duty calendar for the efficient operations of the District and its personnel
- Direct, assist, and develop Duty Officers as necessary
- Prepare and maintain reports as requested (i.e., incident statistics, department survey)
- Facilitate dispatch and response protocol (i.e., run cards)

Emergency Medical Services Program

- Implement and maintain EMS training education program
- Coordinate and maintain records of emergency medical certification of district personnel, volunteer, and career
- Coordinate emergency medical certification of fire district apparatus

Training Division

- Supervise Training Program Officers
- Provide guidance and oversight to Training Division

III. Qualifications

Basic Deputy Chief Qualifications

- A Bachelor's degree in fire science, public administration, or related field is required, with a Master's 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
- Hold and maintain the basic qualifications for district Lieutenant
- Must possess EMS Evaluator certification
- Must possess IFSAC/Proboard Fire Officer I certification
- Must possess IFSAC/Proboard Fire Instructor II certification
- Must possess or be able to obtain IFSAC Evaluator certification within one (1) year of service
- Must possess or be able to obtain BLS Evaluator certification within one (1) year of service
- NWCG Crew/Engine Boss
- Must possess or be able to obtain NWCG Incident Commander Type IV within one (1) year of service
- Must be in sufficient good health to perform fully the 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

- Experience in training program management
- Experience in EMS program management
- Training and/or experience in project management
- Completion of the NFA Managing Officer or Executive Fire Officer program or a Master's Degree in Public Administration or Fire Administration Certifications through ICS-400 and IS-800 levels or higher

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.

Approved by Board of Fire Commissioners this 5th day of July 2022.

Scott Mericle, Chairperson
Spokane County Fire District 10
Board of Fire Commissioners

Deputy Chief Professional Services Evaluation Questionnaire

Ca	ndidateDate
Yo	u may use separate paper if needed to fully respond to each of the following 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 year?
3.	Please list the accomplishments of professional and personal development that you have accomplished:
	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 organizations in which you were responsible for > Training Program > Recruitment and Retention and > EMS. Include your job title and a brief description of the scope of your responsibilities in each of these organizations.
	1 st Organization
	2 nd Organization
6.	Summarize your leadership style and philosophy on how you lead/motivate people and inspire a team atmosphere.

7. Please explain your level of understanding of what the 1020 officer involves and if you are

able to work the schedule.