

# FIRE CHIEF

## *Application Instructions*



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Thank you for your interest in the position of Fire Chief with Grays Harbor Fire District No. 2. Please complete the following items and submit on or before **October 2, 2020 at 4:00 p.m.** to:

Teri Scherer  
District Secretary  
Business: (360) 532-6050  
Fax: (360) 532-6075

Email:  
[t.scherer@ghfd2.net](mailto:t.scherer@ghfd2.net)

Candidate Application Packet should include:

1. Cover Letter
2. Grays Harbor Fire District 2 – Completed Application
3. Resume
4. Supplemental Essay Questions
5. Copy of Emergency Medical Technician or Paramedic Certification
6. Copy of Driving Record from State of license issuance
7. Copy of relevant certificates, education or documentation of training relevant to this position level

All application material should be submitted electronically. If there is difficulty with electronic submission, please contact

First review of received applications will begin on October 2, 2020. Candidates will be notified of their progress in the process no later than October 9, 2020.



6317 Olympic Highway  
Aberdeen, Washington 98520-5723

Business| 360.532.6050 Fax| 360.532.6075  
www.ghfd2.org

DATE OF APPLICATION:
POSITION: <b>FIRE CHIEF</b>
POSITION STATUS (CIRCLE ONE): <b>FULL-TIME</b>

**INSTRUCTIONS:**

ALL QUESTIONS on this form must be answered in complete detail. If a question does not apply to you, write: NA (not applicable). Applications must be filed on or before the closing date for the position. Postmarks will not be accepted.

**EQUAL OPPORTUNITY EMPLOYER**

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE ALL INFORMATION

**SECTION 1 - PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL
PHYSICAL ADDRESS	CITY	STATE ZIP
MAILING ADDRESS (if different from above)	CITY	STATE ZIP
Can you provide proof of a legal right to work in the United States after hire?		<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME PHONE:	CELL PHONE:
EMAIL ADDRESS (Personal):	

**SECTION 2 - DRIVING RECORD INFORMATION**

DRIVERS LICENSE NO.	STATE	ISSUED DATE	EXPIRATION DATE
<i>All applicants must complete this section if they have a valid Driver's License. Attach a copy of your complete driving record from the state of issuance.</i>			

**SECTION 3 - EDUCATION, TRAINING & SKILLS**

	NAME OF SCHOOL	LOCATION (City, State)	GRADUATED	GRADE COMPLETED or DEGREE EARNED
HIGH SCHOOL			YES NO	
COLLEGE or TRADE SCHOOL			YES NO	

LIST OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTEND:

DESCRIBE SKILLS or EXPERIENCE (i.e. typing, computer skills & software applications, mechanical, etc.):

**SECTION 4 - EMS EXPERIENCE & CERTIFICATIONS**

	CERTIFICATION LEVEL	CERTIFICATION NO.	EXPIRATION
Washington State DOH EMS Certification			
National Registry			
Out-of-State EMS Cert. STATE: _____			
Other (i.e. First Aid Card)			

**EMS RELATED TRAINING AND EDUCATION:**

Please list, with dates, applicable certifications, training and education (attach certificates or training records):

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**BRIEFLY DESCRIBE YOUR EMS EXPERIENCE:**

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*Please attach training records from previous agencies if available.*

**SECTION 5 - FIRE EXPERIENCE & CERTIFICATIONS**

**FIRE SERVICE-RELATED TRAINING AND EDUCATION:**

Please list, with dates, applicable certifications, training and education (attach certificates or training records):

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**BRIEFLY DESCRIBE YOUR FIREFIGHTING EXPERIENCE:**

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*Please attach training records from previous agencies if available.*

**SECTION 6 - REFERENCES**

**PERSONAL & PROFESSIONAL REFERENCES (List at least two personal references):**

NAME	ADDRESS	CONTACT PHONE	TYPE OF REFERENCE

## SECTION 7 – EMPLOYMENT HISTORY

**INSTRUCTIONS:** Beginning with your most recent employer, list your work/experience history for the last 10 years and any experience prior to that time which is directly related to the position for which you are applying. Please include all employment, including Fire or EMS Agencies, regardless of employment status. A resume does not substitute for this section, please attach.

**EMPLOYER/BUSINESS NAME:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Supervisors Name:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** \_\_\_\_\_

**DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:**

**EMPLOYER/BUSINESS NAME:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Supervisors Name:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

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**PHONE:** \_\_\_\_\_ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** \_\_\_\_\_

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**EMPLOYER/BUSINESS NAME:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Supervisors Name:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** \_\_\_\_\_

**DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:**

**EMPLOYER/BUSINESS NAME:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Supervisors Name:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** \_\_\_\_\_

**DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:**

*Attach additional sheets if necessary.*

**SECTION 8 – BACKGROUND INFORMATION**

Grays Harbor Fire District No. 2 is mindful of its obligation to employ or have as members qualified persons and its entitlement under law to consider an applicant’s conviction record as it relates to performance of a particular position.

**A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS OR ABILITY TO PERFORM THE REQUIREMENTS OF THE POSITION (WHETHER FULL-TIME, PART-TIME OR VOLUNTEER STATUS) FOR WHICH YOU HAVE APPLIED.**

Have you ever been convicted of a felony, released from prison, and/or been convicted of any level misdemeanor other than a minor traffic offense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain (attach additional supporting documentation, i.e. court orders, rulings, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 9 – RELEASE OF INFORMATION & CERTIFICATION OF COMPLETE APPLICATION**

To the best of my knowledge, the information contained in this application is true and correct. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for termination from employment at any time. I authorize my previous employers to furnish Grays Harbor Fire District No. 2 with my records, including disciplinary actions, reason for leaving and all other information they may have concerning me and I hereby release them and Grays Harbor Fire District No. 2 from all liability for any damages whatsoever arising there from. I authorize Grays Harbor Fire District No.2 to conduct necessary investigations of all statements made by me in this application and authorize the Fire District to perform a background check. This application constitutes my complete application.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REVIEW AND APPROVAL BY BOARD OF COMMISSIONERS**

This section is required to be completed by the Fire Chief prior to acceptance of the applicant as a member of Grays Harbor Fire District No. 2.

CHAIR, BOARD OF COMMISSIONERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ APPROVED                      \_\_\_\_\_ NOT APPROVED

**FOR DEPARTMENT USE ONLY**

DATE APPLICATION RECEIVED:     /     /	APPLICATION RECEIVED BY:
APPLICATION COMPLETE:            YES    NO	INTERVIEW DATE:     /     /
DRIVERS ABSTRACT ATTACHED:     YES    NO	INTERVIEW SCORE:
COPY OF DRIVERS LICENSE:         YES    NO	WRITTEN TEST SCORE:
COPY OF EMS CERTIFICATION CARD    YES    NO	PHYSICAL AGILITY SCORE:
RESUME ATTACHED                    YES    NO	REFERENCES CHECKED:                    YES    NO
COVER LETTER ATTACHED:            YES    NO	REFERENCES CHECKED BY:
LETTERS OF RECOMMENDATION        YES    NO	PREVIOUS EMPLOYERS CONTACTED:     YES    NO
COPY OF TRAINING RECORDS            YES    NO	EMPLOYERS CONTACTED BY:

# FIRE CHIEF

## *Supplemental Essay Questions*



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In order to get a better sense of your writing skills and additional insights into your experience, please answer the following questions. Limit your responses to no more than a single page per question and email your responses as part of your application by **October 2, 2020** to [t.scherer@ghfd2.net](mailto:t.scherer@ghfd2.net) (first review, open until filled).

1. Please tell us why you are interested in this position and why it is a good time in your career to come to Grays Harbor Fire District No. 2.
2. Describe what it is like to work for you and how others would describe your management and leadership style.
3. Please describe your experience working with a combination fire department, as well as your experience managing volunteer firefighters. How would you go about maximizing volunteer recruitment, involvement, and retention?