



# Kittitas County Fire & Rescue 7

## Application for Membership

Name \_\_\_\_\_ Age \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

DOB: / / SSN: - - CDL# (if applicable) \_\_\_\_\_

Drivers License# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Drivers License is:  current  suspended  revoked

Occupation \_\_\_\_\_ How Long? \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes, please explain on backside of form.

Transferring from another dept?  Yes  No

Firefighting/EMS Training: \_\_\_\_\_

Have you ever had (if yes, please select):

- A heart disorder?  Kidney Disorder?  Hernia?  Hypertension?
- Other: \_\_\_\_\_

List any physical handicaps: \_\_\_\_\_

Are you receiving compensation or pension?  Yes  No

If yes, from where? \_\_\_\_\_

### ***In Case of Emergency Notify:***

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify to the truth of the above answers, and that I am in good health, to the best of my knowledge and belief.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Witness)

Date Signed \_\_\_\_\_

Date in Service \_\_\_\_\_



# WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<https://watch.wsp.wa.gov>

## REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$35.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL \_\_\_\_\_ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

### **A** SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Drivers Lic. Number/State \_\_\_\_\_ / \_\_\_\_\_  
(optional)

WSP USE ONLY

### **B** REQUESTER INFORMATION: (Please type or print clearly)

DATE: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. (\_\_\_\_) \_\_\_\_\_  
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Requesting Agency \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Right Thumb Print (Optional)



## KCFR#7 MEMBER CONTACT INFORMATION

New Member     Update Information

Department ID# \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### EMERGENCY CONTACTS:

1. \_\_\_\_\_  
Name Phone

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

2.) \_\_\_\_\_  
Name Phone

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



## **KITTITAS COUNTY FIRE & RESCUE 7**

P.O. Box 777 South Cle Elum, WA 98943

Phone 509-674-5371 Fax 509-674-7263

---

---

### **AUTHORIZATION BACKGROUND INVESTIGATION**

Kittitas County Fire & Rescue 7 requires applicants to submit to a background investigation to determine if any felony conviction(s) exist.

Perspective members are required to complete the Washington State Patrol Request for Conviction Criminal History Record and sign this form authorizing the department to perform the investigation.

I \_\_\_\_\_ (print full name/maiden name)  
by my signature below authorize Kittitas County Fire & Rescue 7 (District 7) to complete a criminal background investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicants with a conviction record of less than 7 years may not be considered for employment unless special circumstances exist which may allow the fire chief to deviate from this requirement. The fire chief shall have sole discretion in the final decision. Any member convicted of pedophile or sexual assault shall not be considered for employment.

**Kittitas County Fire & Rescue 7**

P.O. Box 777 South Cle Elum, WA 98943-0777 Phone: 509-674-5371  
Report Of Physical Examination For Membership

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address \_\_\_\_\_ How Long At This Address? \_\_\_\_\_  
Occupation \_\_\_\_\_ For Whom Employed? \_\_\_\_\_ How Long? \_\_\_\_\_

**MEDICAL EXAMINATION**

**History**

Are you now in good health? \_\_\_\_\_ Do you have or previously had any disabilities whereby your full physical capacities are limited? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, explain \_\_\_\_\_ Have you ever had any of the following diseases or conditions? Heart trouble \_\_\_\_\_, Kidney or urinary trouble? \_\_\_\_\_, Tuberculosis or other lung disease \_\_\_\_\_, Stomach ulcers or gastro intestinal disease \_\_\_\_\_, Diabetes \_\_\_\_\_, Epilepsy \_\_\_\_\_, Mental disease \_\_\_\_\_, Nervous system trouble \_\_\_\_\_, Rheumatism or Arthritis \_\_\_\_\_, Back trouble \_\_\_\_\_, Allergies such as asthma, hay fever, eczema \_\_\_\_\_, Vision defects \_\_\_\_\_, Hearing defects \_\_\_\_\_, Hernia \_\_\_\_\_, Piles \_\_\_\_\_, If so, explain \_\_\_\_\_  
What serious illness, accidents, injuries, or operations have you had? \_\_\_\_\_  
List any government, insurance compensations, or disability awards you have received. What for? \_\_\_\_\_

*I hereby certify the above answers are full, complete, and true to the best of my knowledge:*

\_\_\_\_\_  
Applicant to sign in presence of examining M.D.

**To Be Filled Out By Physician**

**Physical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
General appearance \_\_\_\_\_  
Vision uncorrected R \_\_\_\_\_ L \_\_\_\_\_ Corrected R \_\_\_\_\_ L \_\_\_\_\_  
Head, Neck, Throat, Nose, Eyes, Ears: Findings \_\_\_\_\_  
Lung findings: \_\_\_\_\_  
Heart: (a) Size \_\_\_\_\_ (b) Rhythm \_\_\_\_\_ (c) Murmurs \_\_\_\_\_  
Abdomen: (a) Tenderness \_\_\_\_\_ (b) Masses \_\_\_\_\_  
Inguinal Region: Right \_\_\_\_\_ Left \_\_\_\_\_  
Spine: Motion \_\_\_\_\_ Curvature \_\_\_\_\_  
Extremities: Limited motion or impaired function \_\_\_\_\_  
Defects or deformities \_\_\_\_\_ Varicose Veins \_\_\_\_\_  
Nervous System: Pupils \_\_\_\_\_ Knee jerks \_\_\_\_\_ Romberg \_\_\_\_\_  
Tremors \_\_\_\_\_ Gait \_\_\_\_\_  
Urinalysis: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_ Physician Performing Exam \_\_\_\_\_ Date \_\_\_\_\_

**Physician's Opinion:** Capable of sustained arduous duty \_\_\_ Capable of modified duty \_\_\_ Not qualified at this time \_\_\_

Limitations \_\_\_\_\_

Remarks or Recommendations:

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE FILLED OUT BY FIRE CHIEF**

I do hereby certify that \_\_\_\_\_ became an active member of this department on the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_ and at that time, to the best of my knowledge and belief, was in sound health and physically capable of performing the duties of a firefighter.

\_\_\_\_\_ Fire Chief