

CENTRAL KITSAP FIRE AND RESCUE

**SUPPLEMENTAL QUESTIONNAIRE
FIREFIGHTER/EMT (LATERAL AND ENTRY LEVEL)**

NAME: _____ **DATE:** _____

INSTRUCTIONS: This questionnaire is an effort to assist you and Central Kitsap Fire & Rescue in determining whether or not you meet the qualifications for this position and assist in the screening process. **The questionnaire is a mandatory part of the examination process. Your responses will be used in determining whether or not you proceed further in the examination process.** Coincide responses with those listed on the CKFR application and include all information requested. Attach additional sheet(s) in the same format listed if necessary to include **all** of your related experience. A “see resume” response in lieu of answering any question below **WILL NOT** be rated.

1. May we contact you through email for all correspondence regarding this position?
NO YES – If yes, please provide a reliable email address: _____

2. Please check and complete the questions below indicating your possession of the following certifications and/or qualifications:
 - a. Current EMT Certifications: Washington State; Kitsap County; National Registry
 Other State _____ (name of state).
If you don't currently posses, will you be able to obtain EMT certificate for Washington State, Kitsap County and National Registry within 90 days of appointment? Yes No
 - b. Valid Driver's License: Washington State: No. _____; Other State: State_____ No. _____ (Are you able to obtain Washington State Driver's License within 30 days of appointment? Yes No
 - c. High School Diploma or GED
 - d. Are you at least 18 years of age or will you be by date of appointment? Yes No
 - e. CPAT Certified within the last 18 months: Yes No (if no must be able to obtain by the date of candidate testing in order to be able to test)
 - f. Able to pass a complete background investigation, driving record check and employment history verification Yes No
 - g. Current member of International Association of Fire fighters (IAFF): Yes No
If yes, are you a member in good standing? Yes No ; Number: _____
 - h. Have you successfully completed your International Fire Services Accreditation Congress (IFSAC) Firefighter I Yes No; National Board on Fire Service Professional Qualifications (PRO BOARD) Yes No; equivalent Yes No
 - i. Successfully completed Firefighter Recruit Academy: Yes No
Date Completed: _____; Name of Academy: _____
Telephone Number of Academy: _____ Location: City_____ State_____
Length of Academy: Number of weeks: _____ ; Totals academy hours _____.

3. Please indicate your work experience as a Fighter/EMT (beginning with your most recent experience):

_____ to _____
 Company Name Mo/Yr Mo/Yr Hrs/Week Your Title
 Paid full-time; Paid part-time or Volunteer

9-1-1 calls/mo:
 Number of calls: ALS: _____; BLS: _____

Description of duties:

_____ to _____
 Company Name Mo/Yr Mo/Yr Hrs/Week Your Title
 Paid full-time; Paid part-time or Volunteer

9-1-1 calls/mo:
 Number of calls: ALS: _____; BLS: _____

Description of duties:

_____ to _____
 Company Name Mo/Yr Mo/Yr Hrs/Week Your Title
 Paid full-time; Paid part-time or Volunteer

9-1-1 calls/mo:
 Number of calls: ALS: _____; BLS: _____

Description of duties:

4. Please list any other Fire Services or EMS related experience (not included above):

_____ to _____
 Company Name Mo/Yr Mo/Yr Hrs/Week Your Title
 Paid full-time; Paid part-time or Volunteer

Description of duties:

_____ to _____
 Company Name Mo/Yr Mo/Yr Hrs/Week Your Title
 Paid full-time; Paid part-time or Volunteer

Description of duties:

