



THURSTON COUNTY MEDIC ONE FIREFIGHTER/PARAMEDIC EMPLOYMENT OPPORTUNITY / COOPERATIVE EXAMINATION

THURSTON COUNTY MEDIC ONE CONTACT

Ben Miller-Todd
ALS Program Manager
2703 Pacific Ave SE Ste C
Olympia WA 98501
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(360) 704-2780

CITY OF OLYMPIA, CITY OF TUMWATER and LACEY FIRE DISTRICT #3

Applications are being accepted and testing is being conducted to update the hiring list for potential openings and continuous eligibility lists for 2022-2023.

Date closed for Public Safety Testing application process:	March 6, 2022
Date closed for Medic One application process:	March 14, 2022
Thurston County scenario-based interviews:	March 23-24, 2022

FIREFIGHTER/PARAMEDIC positions are utilized throughout Thurston County by the following public agencies: City of Olympia, City of Tumwater, and Lacey Fire District #3. Thurston County Medic One facilitates the medical portion of a cooperative examination process (written protocol exam and scenario-based interviews). Successful candidates are placed on a 14-month continuous eligibility employment list to be used for future position openings in each jurisdiction.

CURRENT SALARY RANGE: \$6,193 TO \$9,153 per month plus benefits, depending upon hiring jurisdiction.

APPLICATION PROCESS:

1. [Public Safety Testing](#) – Written Exam
2. Thurston County Medic One Application Submission
3. Scenario-Based Interviews
4. Agency-specific entry-level testing, interviews, and onboarding

TCMO APPLICATION PACKETS:

- Requirements to Test and Examination Process
- Fire/EMS Jurisdiction Contact Information
- Fire/EMS Jurisdictional Job Information
- Appointment procedures
- Employment application with required attachments to be completed and returned to:
daphne.reaves@co.thurston.wa.us

The successful examinee will have a thorough working knowledge of the Thurston County Medic One EMS Protocols. These are available for review and download at:
<https://www.thurstoncountywa.gov/m1/m1documents/TCM1%20Protocols%202020.pdf>

Completed application packets must be Received by Monday, March 14, 2022

Resumes will not be accepted in lieu of an application and required attachments.

APPLICATION ON FILE: Please call if you have previously submitted an application within the last 12 months. If your information is current and unexpired, you may not need to submit a new application. Please contact Medic One (360) 704-2782 to request a review to determine if updates are required. If required unexpired documents are missing, you will be unable to take part in the testing process.



THURSTON COUNTY MEDIC ONE FIREFIGHTER/PARAMEDIC REQUIREMENTS TO TEST AND EXAMINATION PROCESS

Applications are being accepted and testing conducted to update our hiring list for potential openings and continuous eligibility employment lists for 2022-2023

ELIGIBILITY LIST

Firefighter/Paramedic positions are utilized throughout Thurston County by the public agencies of the City of Olympia, City of Tumwater and Lacey Fire District #3. Thurston County Medic One facilitates the medical portion of a cooperative examination process (written protocol exam and scenario-based interviews). Successful candidates are placed on a 14-month continuous eligibility list to be used for future position openings for each jurisdiction. *Each jurisdiction has separate governing personnel policies or Civil Service Rules and requires successful completion of a competitive examination(s) to be hired as a Firefighter/Paramedic.*

REQUIREMENTS TO TEST

- 1) Must be 21 years of age.
- 2) High school graduate OR have earned a GED certificate.
- 3) Valid Public Safety Testing Written Score submitted to: "Lacey Fire Dist #3 / Olympia FD / Tumwater FD (Thurston County Medic One) Firefighter/Paramedic"
- 4) Medic One application with required documents (refer below).
- 5) Complete required testing by City of Olympia, City of Tumwater and/or Lacey Fire District #3 (see #4 & #5 below).

APPLICATION and DOCUMENTS REQUIRED

- Download application from Thurston County Medic One <https://www.thurstoncountywa.gov/m1/Pages/exam.aspx>.
- Email Daphne.Reaves@co.thurston.wa.us, phone (360) 704-2780 or fax (360) 2781 for questions.
- Submit a completed [Thurston County Medic One Application](#) with all required documents* (resumes not accepted in lieu of application)
- A valid Public Safety Testing written score is required to be submitted to the following agency: "Lacey Fire Dist #3 / Olympia FD / Tumwater FD (Thurston County Medic One) Firefighter/Paramedic"
 - 1) Medic One Employment Application
 - 2) Valid State or federal ID; Washington State Driver's License required at the time of hire
 - 3) Emergency Medical Training Records (form with application)
 - 4) Valid CPAT: [PST CPAT](#) required by City of Olympia and City of Tumwater or [IAFF approved CPAT](#) test for Lacey Fire District 3 ([National Testing Network](#) or PST accepted by Lacey FD#3)
 - 5) [Public Safety Testing](#) (PST) general education written test [National Testing Network 5 Panel Test](#) (Please refer to the application for **specific requirements for each agency**)
 - 6) Hold a current Washington State Paramedic Certification **OR** an unexpired NREMT-P (please refer to the application for specifics)
 - 7) Successfully completed an approved Department of Transportation (DOT) basic Paramedic Course that is CAAHEP ([Commission on Accreditation of Allied Health Education Programs](#)) accredited
 - 8) Certificate of Paramedic Course Completion
 - 9) Prior to Hire Checklist (form with application)
 - 10) **Out-of-State Applicants only:** Complete a WA State Department of Health approved 7-hour HIV/AIDS Training Course (<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/Training/HIVAIDSTrainingRequirements>)
 - 11) Veteran's Scoring Criteria (if applicable; form with application)
 - 12) Equal Employment Opportunity/Federal Reporting Information (optional - form included with application).

Submit Completed Application Packets to: daphne.reaves@co.thurston.wa.us

* **APPLICATION ON FILE:** Please call if you have previously submitted an application within the last 12 months. If your information is current and unexpired, you may not need to submit a new application. Please contact Medic One (360) 704-2782 to request a review to determine if updates are required. If required unexpired documents are missing, you will be unable to take part in the testing process.

**ALL JURISDICTIONS ARE EQUAL OPPORTUNITY EMPLOYERS
COMMITTED TO DIVERSITY IN THE WORKPLACE**

TESTING PROCESS INFORMATION

The medical examinations will be conducted through a **Scenario-Based Interview**. All candidates who successfully pass the scenario-based interview and have successfully submitted all their required application materials to Medic One, will be placed on the hiring list. The medical examination is administered under the authority of the Thurston County Medic One Medical Program Director. Medical examinations are pass/fail. It is important to note that prior to the completion of on boarding, usually completed during the first 10 shifts as a 3rd rider, the candidate will be required to have passed the Thurston County Protocol Test.

PUBLIC SAFETY TESTING WRITTEN EXAMINATION

The Firefighter Selection Tool (FST™) was designed to measure numerous areas that are related to successful performance as a firefighter. Specifically, the FST™ contains questions covering two broad areas: cognitive abilities and non-cognitive traits. It is important to note that the FST™ does not measure job-specific knowledge or any specific skills that require specialized training. You will not need any specific firefighting knowledge or skills to succeed on the FST™. An overview of the test components can be found at: <https://www.publicsafetytesting.com/information-center/test-requirements-firefighter-written/>

REGISTRATION: <https://www.publicsafetytesting.com/careerpath/positions/firefighter?from=main>

Candidates **MUST** apply to the agency entitled "[Lacey Fire Dist #3 / Olympia FD / Tumwater FD \(Thurston County Medic One\) Firefighter/Paramedic](#)" in order to be considered for the scenario-based interview. The top 8 written scores on the FST™ will be invited to participate in the scenario-based interview.

SCENARIO-BASED INTERVIEW

The scenario-based interview is conducted by a panel of medical professionals from the Thurston County Medic One System and/or medical community. The interview is scenario-based, with an emphasis on history, patient assessment and treatment. The scenario-based interview is pass/fail. Candidates must successfully complete the Medical Written Examination and the Scenario-Based Interview in order to be placed on the referral list to be forwarded to the hiring jurisdiction.

Please contact Medic One if you require an accommodation to participate in the scenario-based interview.

The successful examinee will have a thorough working knowledge of the Thurston County Medic One EMS Protocols.

CHALLENGES OF SCENARIO-BASED INTERVIEWS

Resolution of challenges at the lowest possible level is the objective of Thurston County Medic One. Challenges to any portion of the Medical Examination processes will be as follows:

- Initially, candidates may request clarification of examination components or processes from the Medic One ALS Program Manager. Requests must be made within 10 working days of the date of the medical examination(s), by contacting the ALS Program Manager at the Medic One office (360) 704-2780. The ALS Program Manager will respond to the candidate’s request within 15 working days of the receipt of request. If the candidate is not satisfied with the response received regarding the concern, the candidate may proceed to the next level of the challenge process by placing a formal challenge in writing to the Thurston County Medic One Director.
- The Director will render a written opinion with 15 working days of receipt of the candidate’s written challenge. If the candidate is not satisfied with the response received from the Medic One Director, the candidate may proceed to the next level of the challenge process by placing a written request for review by the Medical Program Director.
- The Medical Program Director will render a written opinion to the candidate within 30 working days of receipt of the candidate’s written challenge. If the candidate is not satisfied with the response received from the Medical Program Director, the candidate may proceed to the next level of the challenge process by placing a written request to convene a formal review panel.
- A formal review panel will be convened within 60 days of receipt of the candidate’s written request to address challenges to the Medical Program Director’s opinion(s). The panel will consist of representatives from the following: Thurston County Paramedic Association, EMS Council appointed physician representative, EMS Council appointed operations representative, and a representative from the Thurston County Civil Service/Prosecutor’s office. The findings of the panel will be in writing and will be considered final.

Challenges may be addressed to: daphne.reaves@co.thurston.wa.us



THURSTON COUNTY MEDIC ONE FIREFIGHTER/PARAMEDIC ALS JURISDICTIONAL CONTACTS AND INFORMATION

CONTACT INFORMATION

Thurston County Medic One

2703 Pacific Ave SE Ste C
Olympia WA 98501

<https://www.thurstoncountywa.gov/m1/Pages/default.aspx>

(360) 704-2780

Ben Miller-Todd, ALS Program Manager
Ben.Miller-Todd@co.thurston.wa.us

Lacey Fire District #3

1231 Franz St SE
Lacey WA 98503

<http://laceyfire.com>

(360)-491-2410

Human Resources:

Teri Perrine

tperrine@laceyfire.com

(360) 528-2313

City of Olympia

<http://olympiawa.gov/>

PO Box 1967

Olympia WA 98507-1967

(360) 753-8447

Human Resources:

Carl Watts

cwatts@ci.olympia.wa.us

(360) 753-8305

Nicole Camus

ncamus@ci.olympia.wa.us

(360) 753-8213

City of Tumwater

<https://www.ci.tumwater.wa.us/departments/fire-ems/>

555 Israel Rd SW

Tumwater WA 98501

(360) 754-5855

Human Resources:

James Trujillo

humanresources@ci.tumwater.wa.us

(360) 754-4122

JURISDICTIONAL INFORMATION

Thurston County's Medic One EMS System was established in 1974, as the nation's first public countywide tiered response EMS system. It is also the first voter approved, permanent EMS levy funded system in the United States. The system provides for fire service-based basic life support (BLS) and advanced life support (ALS) EMS care and transport services to more than 252,400 residents within the county's 758 square miles.

The Medic One Medical Program Director provides medical oversight, protocols and establishes testing requirements along with the support of the ALS Program Manager. Medic One contracts with three jurisdictions (refer below) to provide ALS support within the county. Through our testing process a paramedic hiring list is established and the jurisdictions may only hire approved candidates.

Lacey Fire District 3 is a junior taxing district that was organized under RCW 52 in 1949. With a call volume of 15,000 per year, the District provides fire protection and emergency services from five neighborhood stations strategically located throughout a 70-mile area. Our dedicated team serves a population of 100,000 residents and is made up of over 120 full time career emergency responders, including firefighters, line officers and firefighter-paramedics, as well as 19 administrative members and a cadre of volunteer administrative staff, incident support personnel and firefighters.

The District is located in Lacey, Washington, a culturally diverse community in northeast Thurston County at the southern tip of Puget Sound and adjacent to Olympia, Washington. Seattle, and its suburbs, are 60 miles to the north via Interstate 5. Lacey is home to a robust parks system including championship golf courses, miles of hiking and biking paths, as well as nearby Nisqually National Wildlife Refuge. Lacey also boasts a healthy economy, low crime rate and excellent schools.

The City of Olympia currently has a population of 52,490 people and covers an area of more than 17.69 square miles. Olympia, the State Capital of Washington, is located at the southern tip of Puget Sound. Founded in 1850, early growth was stimulated by the rapid development of the lumber industry. In 1853, Olympia became the territorial capital of the newly established Washington Territory. When Washington achieved statehood in 1889, Olympia was selected as the State Capital. As a result, Olympia became the governmental center of the state.

Fire and emergency medical protection is provided by 4 strategically located fire stations. These stations house four first line engine companies: 1 Ladder, 2 paramedic units, and a variety of specialized equipment and reserve apparatus. The full-time staff of the Olympia Fire Department consists of 101 employees.

Tumwater has a population of 24,600 (2020) and covers approximately 18 square miles. The Tumwater Fire Department responds to all types of emergencies, ranging from fire suppression, medical, hazardous materials, and crash fire rescue. Tumwater is an inclusive department that provides services from two fire stations with a staff of 45 responders.

As a Thurston County Medic One system partner, Advanced Life Support (ALS) certified firefighter paramedics respond to medical emergencies in the city and county and are fully cross-trained as firefighters. Paramedic services are also provided to the Rochester/Grand Mound area under contract with Thurston County Medic One.

City of Olympia, City of Tumwater and Lacey Fire District #3

FIREFIGHTER/PARAMEDIC

Form 'A' (Application Packet Checklist)

Applicant Name: _____ Date: _____

On the list provided below, please check each item included with your application packet. **In order for you to participate in the examination processes, all items must be received by the deadline.**

PLEASE ARRANGE AND SUBMIT APPLICATION MATERIAL IN THE FOLLOWING ORDER

- Application Packet Checklist (Form A):** Please place this checklist on top of your application packet, followed by:
- Employment Application (Form B) – NOTE: A resume may be included, but will NOT be accepted in lieu of the Application Packet and required attachments.** Application forms from other jurisdictions or agencies will not be accepted. Please remember to SIGN your application form.
- Photo Identification – Legible Copy of an unexpired** State or Federally issued form of identification (Driver's License, Passport or Military ID).
- Emergency Medical Training Record – (Form C).**
- Candidate Physical Ability Test (CPAT) – copy** of an unexpired CPAT certification with application. Please refer to Form D – 'Prior to Hire' for specific agency requirements.
- Paramedic Certification – Copy** of either:
 - 1) Washington State Certification, **OR**
 - 2) Your Current State Certification **AND** current National Registry of Emergency Medical Technicians–Paramedic (NREMT–P) certification. IF last NREMT test is more than 12 months from the date of the examination, an NREMT Assessment test will be required (**WAC 246-976-142** **OR**
 - 3) If you have just graduated from an accredited paramedic program, please submit a copy of your National Registry card along with your certificate of completion. Contact the officer for further direction.
- Certificate of Completion – Copy** of certificate of completion of DOT paramedic training program from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) which can be confirmed at: **<http://www.caahep.org/Find-An-Accredited-Program/>** (Washington State DOH requirement for certification.)
- HIV/AIDS and Hepatitis B Education and Training for Non-Washington State Candidates ONLY:** Out of State applicants must complete and include a printed certificate of completion for a WA State DOH Verification of Training of HIV/AIDS and Hepatitis B Education (minimum 7 hours) (**RCW 70.24**). You can find this information and resources using the following link:
<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/Prevention/Training>
- Prior to Hire Checklist – (Form D)**
- Veteran's Scoring Criteria (Form E) – If applicable** – Include a copy of Form DD 214.
- Equal Employment Opportunity/Federal Reporting Information – (optional) Form F – EEO Reporting.**

City of Olympia, City of Tumwater, Lacey Fire District #3

FIREFIGHTER/PARAMEDIC

Return completed application packet to: **Thurston County Medic One**
2703 Pacific Avenue SE, Suite C
Olympia WA 98501

Completed applications must be received or postmarked by the deadline listed in the announcement.
A resume will not be accepted in lieu of this application and required attachments.

In compliance with Federal and State Laws and equal employment opportunities guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, creed, color, sex, national origin, age, marital status, medical condition or physical characteristics.

1. **Please type or print legibly.** Answer each question completely. A resume may be attached for information, but will not take the place of the completed application form. Please notify the Medic One Office (360) 704-2782 immediately of any change in your telephone number or address.
2. Applications will be screened and testing scheduled by the Medic One Office. Persons selected for testing will be notified by mail. Formal notification may not be sent to unsuccessful candidates.

Name	Last	First	MI
Address	Street	City	State Zip
Home or Message Phone	Business or Alternate Phone		
Email Address			
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, verification will be required by hiring authority.			
Are claiming Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please complete and attach Form F to your application packet.			

EDUCATION AND TRAINING HIGHEST GRADE COMPLETED 9 10 11 12 GED

COLLEGES OR UNIVERSITIES ATTENDED	MAJOR	DEGREES OR DIPLOMAS
OTHER RELATED TRAINING		
SPECIAL LICENSES OR CERTIFICATES – List type, state where issued and expiration dates		
MACHINERY – List machinery operated which is necessary or useful to this position		

EMPLOYMENT HISTORY List present and past employment, beginning with most recent.

Position		From (date)	To (date)			Reason for Leaving
Name & Address of Company						
		Primary Duties				
Telephone						
Supervisor						

Position		From (date)	To (date)			Reason for Leaving
Name & Address of Company						
		Primary Duties				
Telephone						
Supervisor						

Position		From (date)	To (date)			Reason for Leaving
Name & Address of Company						
		Primary Duties				
Telephone						
Supervisor						

Have you been convicted of a misdemeanor or felony within the last seven years that would tend to have a direct bearing on this position?

YES NO If yes, please explain: _____

Note: A conviction record will not disqualify you from employment unless such record would reasonably affect your fitness for the job.

I understand that misrepresentation of any of my answers or statements will result in cancellation of my application, or if employed, will be cause for dismissal. I authorize all previous employers to furnish any of the employing jurisdictions my record, reason for leaving and all information they may have concerning me and I hereby release them and the employing jurisdictions from all liability or any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

I understand that I am advised to notify the Medic One Office Manager (360) 704-2780 if I feel I will need assistance or accommodation to participate in completing the application or testing process.

Signature _____

Date _____

City of Olympia, City of Tumwater, Lacey Fire District #3

FIREFIGHTER/PARAMEDIC

Form 'C' (Emergency Medical Training Record)

Applicant Name: _____ Date: _____

BASIC EMT TRAINING		
Training Organization		
Completion Date		
EMT Work Experience	# months or years	Average # calls per shift
Type of Service	<input type="checkbox"/> Fire Dept <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Other	

PARAMEDIC TRAINING INFORMATION			
Training Institution			
Graduation Date		Have you maintained certification since graduation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain			
State of Certification		State Certification Expiration Date	
National Registry Certification Expiration Date (if applicable)			

PARAMEDIC WORK EXPERIENCE			
Status	# Months/Years	# Shifts/Months	# Hours/Shifts
Volunteer			
Part Time			
Full Time			
Type of Service	<input type="checkbox"/> Fire Dept <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Other		

How many times have you performed the following procedures?		
PROCEDURE	DURING TRAINING	PRESENT JOB
ET Intubations		
Emergency Cricothyrotomy/Tracheotomy		
Subclavian/Internal Jugular		
Flutter Valves		
Other (list)		
Other (list)		

Other information pertaining to your education or skills that you would like us to know:

City of Olympia, City of Tumwater, Lacey Fire District #3

FIREFIGHTER/PARAMEDIC

Form 'D' (Prior to Hire)

Applicant Name: _____ Date: _____

- This checklist must be returned with your completed application.
- Please read and initial each item in ink to indicate your understanding and/or willingness to meet these requirements.
- Please provide a written explanation for any areas not checked.

1. **If not Washington State certified**, applicants will be required to be **National Registry of Emergency Medical Technicians/Paramedic (NREMT-P) certified**. (See NREMT-P certification requirements on the Employment Opportunity and Competitive Examination notice and/or Form A – Paramedic Certification.)
2. Candidates may be required to take a **psychological exam**. This exam will be at the discretion of the individual hiring agency.
3. Candidates are required to take a pass/fail physical agility test (CPAT) to qualify for an ALS agency interview. Please provide a copy of your **unexpired CPAT** (if available). The candidate **will not qualify for an interview** unless an unexpired CPAT is included with your application packet. Agency requirements are as follows: **Olympia FD and Tumwater FD**: Public Safety Testing only. **Lacey FD3**: Will accept any IAFF/IAFC CPAT (i.e. Public Safety Testing, National Testing Network, Bates).
4. Candidates will be required to **take and pass a medical physical examination** at the time of selection, prior to hire.
5. At the time of selection and prior to hire, the candidate will be required to **demonstrate, on a pass/fail basis, certain medical manipulative skills and situation analysis skills** in either the OPERATING ROOM or EMERGENCY ROOM to the satisfaction of the Medical Program Director or his designee.
6. In accordance with the **Immigration Reform and Control Act, Section 274A**, all new employees must show employment eligibility verification to work in the United States and verify identity. Applicants are advised that this documentation must be submitted within 72 hours of the date of hire. This is a condition of employment with all hiring entities. New employees will be advised of acceptable documents to verify identity and work authorization.
7. In accordance with RCW 43.43.830-845, **criminal background investigation(s)** may be conducted on each applicant prior to hire. An excluded provider search on the Office of Inspector General List of Excluded Individuals/Entities and the General Services Administration Excluded Parties List may be conducted in accordance with contractor-specific requirements.

City of Olympia, City of Tumwater, Lacey Fire District #3

FIREFIGHTER/PARAMEDIC

Form 'E' (Veteran's Scoring Criteria Declaration)

- 1) I certify that I have been released from active duty and that I received an honorable discharge, received a discharge for physical reasons with an honorable record, or I have been released from active military service with evidence of service other than that for which an undesirable, bad conduct or dishonorable discharge was given. Yes No

If you answered "NO" to question #1, you do not need to complete or submit this form.

- 2) I hereby claim **10%** veteran's scoring criteria because I have served during one of the following periods of war or hostile environments **and am NOT receiving military retirement** and I answered "yes" to question #1 on this form. Yes No

Dates of Service

- | | |
|--|---|
| <input type="checkbox"/> World War II | |
| <input type="checkbox"/> Korean Conflict | |
| <input type="checkbox"/> Vietnam Era: August 5, 1964 to May 7, 1975 | |
| <input type="checkbox"/> Persian Gulf period of war: (August 2, 1990 to the present) | |
| <input type="checkbox"/> Iraq/Afghanistan | |
| <input type="checkbox"/> Hostile Environment (check below) | |
| <input type="checkbox"/> Bosnia, Operation Joint Endeavor | <input type="checkbox"/> Invasion of Grenada |
| <input type="checkbox"/> Haiti, Operation Uphold Democracy | <input type="checkbox"/> Crisis in Lebanon |
| <input type="checkbox"/> Somalia, Operation Restore Hope | <input type="checkbox"/> Panama, Operation Just Cause |

- 3) I hereby claim **5%** veteran's scoring criteria because I did not serve during a period of war or in a hostile environment as listed in #2 above, or because I am receiving military retirement **and** I answered "yes" to question #1 on this form. Yes No
- 4) Have you previously claimed veteran's preference or scoring criteria to be appointed to a position with a county or municipal government or other political subdivision of the State? Yes No
- 5) I realize that reserve components, Washington State Guard and National Guard service for less than six continuous months is not regarded as active duty. Yes No
- 6) I certify the above data to be true to the best of my knowledge and understand that by falsely claiming Veteran's Scoring Criteria I subject myself to removal from a register or dismissal from employment. Yes No
- 7) I acknowledge that is my responsibility to provide an appropriate copy of form DD 214 with this document as proof of my claim to Veteran's Scoring Criteria. Yes No

Date: _____

Position applied for: Firefighter/Paramedic

Printed Name: _____

Signature:

City of Olympia, City of Tumwater, Lacey Fire District #3

FIREFIGHTER/PARAMEDIC

Form 'F' (Equal Employment Opportunity Federal Reporting)

The information requested below will be separated from your application and used for statistical purposes only. It will enable the jurisdictions to evaluate their recruitment process in light of federal and state equal employment opportunity laws. **Your cooperation is strictly voluntary.** Your application will be reviewed whether or not you provide this information. Thank you for your assistance.

Position applied for: Firefighter/Paramedic

Sex: Male Female

Ethnic Origin: African-American White Native American
 Hispanic Origin Asian-American or Pacific Islander
 Other (specify) _____

Persons with Disability

Do you have a physical or mental impairment that substantially limits one or more major life activities?

Yes No

Veteran Status

Are you a veteran?

Yes No

Are you a disabled veteran?

Yes No

Do you possess an Expeditionary Medal?

Yes No

Have you served during any time of declared war of the United States, or in any expedition of the armed forces?

Yes No

-If so, please list:

-Discharge date from active duty? _____

How did you learn of this job?

Website – which one? _____

Professional Journal - which one? _____

Personnel Office - which one? _____

Friend Other _____

Equal Employment Opportunity Group Definitions

Age	A person over 40 years of age.
Native American or Alaskan Native	A person with origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation, or community recognition.
Asian-American or Pacific Islander	A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea and the Philippine Republic and Samoa.
African-American	A person with origins in any of the black racial groups of Africa who is not of Hispanic origin.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent or culture should be included in this category. Persons from Brazil, Guyana, Surinam or Trinidad for example, would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal who should be classified according to race.
White (Not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
Person of Disability	Under the Americans With Disabilities Act (ADA), an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or is regarded as having such impairment.
Disabled Veteran	A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
Veteran	<p><u>Veteran's preference</u> will be granted if the following qualifications are met:</p> <ol style="list-style-type: none">I. As used in RCW 41.04.005, 41.16.220 and 41.20.050 "veteran" includes every person, who at the time he or she seeks the benefits of RCW 41.04.005, 41.04.010, 41.16.220, 41.20.050, 41.40.170, 73.04.110 OR 73.08.080 has received an honorable discharge or received a discharge for physical reasons with an honorable record and who meets at least one of the following criteria:<ol style="list-style-type: none">A. The person has served between World War I and World War II or during any period of war, as defined in subsection (2) of this section, as either:<ol style="list-style-type: none">1. A member of any branch of the armed forces of the United States;2. A member of the Women's Air Forces Service Pilots;3. A US documented merchant mariner with service onboard an ocean going vessel operated by the War Shipping Administration, the Office of Defense Transportation, or their agents, during the period of armed conflict, December 7, 1941 to August 15, 1945; or4. A civil service crew member with service aboard a US Army Transport Service or US Naval Transportation Service vessel in oceangoing service during the period of armed conflict, December 7, 1941 to August 15, 1945; orB. The person has received the Armed Forces Expeditionary Medal, or Marine Corps and Navy Expeditionary Medal, for opposed action on foreign soil, for service:<ol style="list-style-type: none">1. In any branch of the armed forces of the United States; or2. As a member of the Women's Air Forces Services Pilots.II. A "period of war" includes:<ol style="list-style-type: none">A. World War I;B. World War II;C. The Korean conflict;D. The Vietnam era, which was the period beginning August 5, 1964 and ending on May 7, 1975;E. The Persian Gulf War, which was the period beginning August 21, 1990 and ending on the date prescribed by presidential proclamation or law;F. The period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress; andG. The following armed conflicts, if the participant was awarded the respective campaign badge or medal: The Crisis in Lebanon; the Invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; and Bosnia, Operation Joint Endeavor.