



McLane Black Lake Fire Department • 125 Delphi Rd NW • Olympia, WA 98502 • (360) 866-1000

ENTRY LEVEL FULL-TIME FIREFIGHTER / EMT

OPENS: July 30, 2025 – 0800 Hours

Step I Annual Base - Step I - \$79,222

CLOSES: August 29, 2025 - 1600 Hours

McLane Black Lake Fire Department in Olympia, WA is testing to establish an eligibility list for future openings for Entry Level Firefighter / EMT.

POSITION DESCRIPTION SUMMARY

The Firefighter/EMT reports directly to the Lieutenant. The primary responsibilities of this position include conducting emergency medical and fire response, maintaining operational readiness, assisting with training, supporting fire and life safety education programs and performing Basic Life Support transport. McLane Black Lake Fire Department is a combination fire department. The successful candidate will be expected to work well with and to support recruiting, training, and mentoring of volunteer team members. This position will be assigned to a shift and work as part of a 4-platoon deployment. Regular schedule will be one day on, two days off, one day on, four days off.

WORKING CONDITIONS

Working conditions may include mentally and physically stressful situations to include extreme temperatures, contaminated atmospheres, hazardous materials, adverse weather, extreme heights, confined areas, and medical trauma.

This position is a bargaining unit position covered by IAFF Local 3825 – Thurston County

MINIMUM QUALIFICATIONS

- At least 18 years of age
- High School Diploma or GED
- Valid Driver's License (WA license required by first day of employment)
- Current NREMT or WA State EMT required at the time of hire (ability to obtain Washington State and Thurston County certification)

- CPAT physical ability test within the six months preceding September 13, 2025. Proof must be provided on or before the written examination date.
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TESTING PROCESS

- Written Examination (FPSI National Fire Select Test) must pass with a 70 percent or higher score.
- Oral Board
- Chief's Interview

The scoring criteria for all competitive examinations is subject to the provisions of RCW 41.04.01.

APPLICATIONS MAY BE OBTAINED AT:

www.mclanefire.org or pick up at **McLane Black Lake Fire Department's Headquarters Station 91**, located at 125 Delphi Rd. NW, Olympia WA 98502, beginning July 29 at 0800. If you have questions, please call (360) 866-1000.

CONDITIONS OF EMPLOYMENT

- Successful applicants must pass a background check according to District policy.
- Successful applicants must pass a Drivers Abstract review and maintain their driving record in accordance with District policy.
- Successful applicants without WA State certification must obtain WA State certification or reciprocity within 90-days from time of hire. Successfully complete the Thurston County protocol exam within 90 days from time of hire.
- Successful applicants must complete a Berke Assessment by High Match.
- Successful applicants must submit to and pass a medical physical examination and pre-employment drug screen.
- Successful applicants must complete and pass a psychological evaluation.

McLane Black Lake Fire Department is an equal opportunity employer.

APPLICATION PACKET CHECKLIST

Return with Application

Applicant Name: _____

Date: _____

Each item below must be returned with your application packet. Please use the checklist to ensure each item is included with your returned application. This information will remain on file for a minimum of one year from the date of receipt.

REQUIRED ENCLOSURES

☐ Application completed and signed

☐ Letter of interest

☐ Driving Record – Complete Record

(available online from WA State Department of Licensing or from the state where licensed is issued)

<https://dol.wa.gov/driver-licenses-and-permits/driving-records/get-your-driving-record>

☐ Copy of current EMT certification (NREMT or WA State EMT certification) **due at the time of hire**

☐ Verification of successful completion of the CPAT physical ability test, from a licensed provider, taken within the six-month period preceding the date of the written exam (may be included in packet or provided on the date of the written examination). – ***A CPAT will be scheduled at the McLane Black Lake Fire Department prior to September 13. If you need the CPAT test, let us know. There will be a \$150 fee to cover the cost of the CPAT test (fee is waived for current members of McLane Black Lake Fire Department).***

OPTIONAL ITEMS

☐ Resume

☐ Certifications pertaining to the position

PROCESS SCHEDULE

August 29, 2025 - Applications Close – 1600 Hours

Applications must be received at the District 9 headquarters station by August 29 at 1600 hours.

Postmarks or faxes will **not** be accepted.

1. Email completed documents to Hiring@mclanefire.org
2. Hand deliver or FedEx, UPS or USPS application and documents to:

McLane Black Lake Fire Department
ATTN: Entry Level Firefighter
125 Delphi Road NW
Olympia, WA 98502

Applications will be reviewed following closing. Candidates meeting minimum qualifications will be notified and invited to participate in the written examination.

September 13, 2025 - Written Examination

The written examination will be given on Saturday, September 13, 2025, starting at 09:00 a.m. The test will be administered at the Headquarters Station at 125 Delphi Rd, NW, Olympia WA 98502. The FPSI-FACT test with mechanical will be used. The top 20 qualifying candidates will be notified and sent a link to a Berke Assessment prior to the oral boards.

Applicants may order the practice “**National Fire Select Test, NFST Candidate Orientation Guide**” by clicking the following link: <https://www.fpsi.com/product/fact-pst-guide/>. The **NFST Candidate Orientation Guide** is a helpful tool to prepare for the exam and can be downloaded as a PDF file and saved or printed.

October 1-2, 2025 - Oral Board

Candidates advancing from the written exam will be notified of the date and time of their Oral Board Assessment.

October 3, 2025 - Certification of List and Competitive Testing Rank

October 8-10, 2025 - Chief's Interview

Every effort will be made to adhere to this testing schedule. If changes are necessary, applicants affected by the change will be notified.



125 Delphi Rd NW
Olympia, WA 98502

Business| 360.866.1000 Fax| 360.867.0508
www.mclanefire.org

DATE OF APPLICATION:

POSITION:

POSITION STATUS (CIRCLE ONE):

FULL-TIME PART-TIME VOLUNTEER

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?			☐ Yes ☐ 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. Please complete and sign the attached Washington State Department of Licensing Form DSC-425-020: Driving Record, Release of Interest if issued in WA State.</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):

BRIEFLY DESCRIBE YOUR EMS EXPERIENCE:

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):

BRIEFLY DESCRIBE YOUR FIREFIGHTING EXPERIENCE:

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
NAME	ADDRESS	CONTACT PHONE	TYPE OF REFERENCE
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 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

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:

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

McLane Black Lake Fire Department 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 McLane Black Lake Fire Department with my records, including disciplinary actions, reason for leaving and all other information they may have concerning this application and I hereby release them and McLane Black Lake Fire Department from all liability for any damages whatsoever arising there from. I authorize McLane Black Lake Fire Department 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 FIRE CHIEF

This section is required to be completed by the Fire Chief prior to acceptance of the applicant as a member of McLane Black Lake Fire Department.

FIRE CHIEF 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: