



February 2, 2010

NEW FIRE DEPTS ADDED!

- ➔ **West Thurston Regional Fire Authority - Entry – 2 openings!**
- ➔ **Ocean Shores Fire Department – FF/PARAMEDIC**

WEST THURSTON REGIONAL FIRE AUTHORITY – ENTRY – MINIMUM REQUIREMENTS:

- 18 years of age, US Citizen, High School graduate or GED; Must be able to read & speak the English language by time of application.
- Must have a valid driver's license by time of hire.
- Must be able to pass a criminal background check.
- Must pass vision requirements as part of medical physical examination by time of hire.
- Must obtain Thurston County EMT certification within 90 days of hire. Must obtain Firefighter 1 certification by date of hire.
- Additional information noted on our website @ www.PublicSafetyTesting.com

OCEAN SHORES FIRE DEPARTMENT – FF/PARAMEDIC – MINIMUM REQUIREMENTS:

- *Paramedic certified by time of hire. Firefighter 1 certified or equivalent by time of application.*
- 21 years of age, US Citizen, High School graduate or GED; Must be able to read & speak the English language by time of application.
- Washington State Driver's license by time of hire.
- No felony convictions as an adult or as a juvenile.
- Must pass vision requirements as part of medical examination by time of hire.
- Additional information noted on our website @ www.PublicSafetyTesting.com

If you completed the written exam between September 1, 2009 and January 29, 2010 and have a PST/Bates TC CPAT from April 2009 or later and would like your application and test scores sent to the above fire department(s), please complete the below form prior to the deadline. THE DEADLINE FOR THIS OPTION IS March 30, 2010.

CALL OR FAX OR MAIL BY March 30, 2010!

PLEASE SEND MY APPLICATION/SCORES TO THE FOLLOWING DEPT – I HAVE REVIEWED THE AGENCY REQUIREMENTS AND CONDITIONS AND CERTIFY I MEET THEM:

OCEAN SHORES FIRE DEPARTMENT – FF/PARAMEDIC

WEST THURSTON REGIONAL FIRE AUTHORITY - Entry

Check here if this is new contact information

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

WRITTEN TEST DATE: _____ PST CPAT TEST DATE: _____

EMAIL: _____ Check Enclosed – check # _____

Please charge my credit card VISA Master Card

CC # _____ / _____ / _____ / _____ Expiration: ____ / ____ Last 3 #'s on back of CC: _____

I certify I meet the minimum requirements of the agency or agencies to which I have added. I authorize you to charge my credit card if I have chosen that payment option.

SIGNATURE _____ DATE: _____

Please mail or fax completed form to:

Public Safety Testing ● 20818 44th Avenue West, Suite 160 ● Lynnwood, WA 98036 ● Phone: 1.866.HIRE-911 ● FAX: 425.776.0165

Fee: \$20 – 1 agency \$30 – 2 agencies
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