



Poulsbo Fire Department Paramedic
Entry/Experienced/Lateral
Application Instructions
Salary \$7,850.00-\$10,722.54

Thank you for your interest in Poulsbo Fire Department!

Please be sure to carefully review all application instructions and testing information.

Application Instructions:

1. Carefully review the minimum requirements on page three. **All requirements must be met** by the specified deadline. Documents submitted after the application deadline will not be accepted unless otherwise stated in this document. Application is due **Wednesday July 02, 2025 at 12:00 pm**.
2. **Complete** the attached the application. If there is a section that does not apply to you, please mark **N/A**.
3. Submit a current CPAT certification (**required for Entry/Experienced Level but not required for Lateral candidates**). Your CPAT certification must be submitted no later than **Thursday, July 10, 2025**.
4. Applicants must mail/ship/email or hand-deliver required documents
 - MAIL/HAND-DELIVERY – Gather all required documents, and mail/ship via a traceable carrier (FedEx, UPS, etc.) or hand-deliver to:

**Poulsbo Fire Department
ATTN: Human Resources
911 NE Liberty Rd.
Poulsbo, WA 98370**

- EMAIL– Gather all required documents and send to **employment@poulsbofire.org**. Please enter last name and position title you are applying for in the subject line.

Mandatory Testing Information: *(The CPAT is not required for lateral applicants.)*

- 1) **Candidate Physical Ability Test (CPAT):** Submit a current CPAT certification with your application packet (required for Entry Level but not required for Lateral candidates), on or by July 10, 2025. A successful CPAT must be taken from an accredited agency within the last 12 months of the application deadline in order to be accepted. There should be a testing site located in your region.
 - https://nationaltestingnetwork.com/publicsafetyjobs/cpat_location.cfm
 - <https://www.publicsafetytesting.com/information-center/firefighter-cpat>



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Thank you for your interest in Poulsbo Fire Department!

The Poulsbo Fire Department is seeking candidates who want to be leaders that directly influence the health and safety of the citizens of Poulsbo, Kitsap County, and the greater Olympic Peninsula. If you want your job to be an adventure built on teamwork, trust, and mutual respect, please submit an application packet today!

The Poulsbo Fire Department is a combination fire department that serves the 28,000 citizens of Kitsap County Fire District #18. The fire district covers 55 square miles of the Kitsap Peninsula and includes the City of Poulsbo as well as the communities of Keyport and Port Gamble. The Kitsap Peninsula, on the west side of Puget Sound, is ideally located near Seattle, Tacoma, and Bremerton with easy access to the wilderness of the Olympic Peninsula. The district is nearly surrounded by water, including Hood Canal, Gamble Bay, and Liberty Bay. The City of Poulsbo, located on Liberty Bay, is a diverse and rapidly growing community that continues to celebrate a rich Scandinavian heritage, with Poulsbo being referred to as the "Viking City" and "Little Norway on the Fjord."

Poulsbo Fire provides 'all hazard' response to fires, technical rescue, service, and emergency medical incidents which includes the care and transport of both ALS and BLS patients. The District responds to an average of 13 emergency calls per day out of three fire stations. The line personnel are supported by 11 administrative and support personnel, as well as a volunteer battalion. In addition to emergency responses and training, our personnel are regularly engaged in the community performing fire prevention, public education, and community service related activities. The Poulsbo Fire Department operates under the leadership of Chief James Gillard and is governed by a five-member Board of Commissioners.

KEEP READING FOR POSITION QUALIFICATIONS



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Application Deadline:
Wednesday, July 02, 2025 at 12:00 pm.

Entry Level Minimum Requirements:*(if selected, you will be required to complete a fire academy, paid by the department)*

- Applicant must have one of the following:
 - Current Washington State EMT-P certification;
 - National Registry;
 - Currently in a accredited paramedic training program and will be completed within 90 days of hire.

Experienced Level Minimum Requirements:*(if selected, you will be required to complete a fire academy, paid by the department)*

- Applicant is certified as a Washington State EMT-P, or currently have National Registry EMT-P and obtain Washington State certification within 90 days of hire
- Currently working within an EMS system
- Current ACLS and PALS, or PALS **equivalent** as determined by the District

Lateral Level Minimum Requirements: *(Probation completion in as little as six months)*

- Successful completion of recognized full-time, career structural fire academy or equivalent (IFSAC/Pro Board FFI) at the discretion of the Fire Chief
- Must be currently employed (or laid off within the last eighteen (18) months after serving), with a public sector fire agency for a minimum of 12 consecutive months as a full-time structural firefighter. IAFF represented non-public fire sector firefighters may be eligible for lateral hire at the district's discretion.
- Current ACLS and PALS, or PALS **equivalent** as determined by the District
- IFSAC Firefighter I certification, or **equivalent**, satisfactory to the District
- IFSAC Hazmat Awareness certification, or **equivalent**, satisfactory to the District

Requirements for all applicants:

- High School Graduate or equivalent (GED)
- Must be 18 years of age or older at time of application
- Be a U.S. citizen or eligible for employment in the United States
- Possess a valid Washington State drivers license or the ability to drive and obtain a Washington State license within 90 days of hire
- Be able to communicate in English, both orally and in writing



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Salary:

- ❖ Starting Monthly Salary Ranges (based on qualification and experience): Salary \$7,850.00-\$10,722.54

Benefits:

- | | |
|--------------------------|--|
| ❖ Paid Vacation | ❖ Paid Sick Leave |
| ❖ Kelly Days | ❖ 100% Paid Healthcare (Medical, Dental, Vision) |
| ❖ Personal Days | ❖ Life Insurance |
| ❖ Retirement LEOFF II | ❖ HRA- Department makes bi-annual |
| ❖ 2% deferred comp match | contributions, depending on the health |
| ❖ Education Incentive | insurance plan selected. |
| ❖ Longevity Increases | |

Schedule:

- ❖ We currently operate on a Detroit schedule—one 24-hour shift on, followed by two days off. As part of our commitment to work-life balance and operational efficiency, we are actively negotiating a transition to a 4-platoon schedule beginning in 2026.

Equal Employment Opportunity

Poulsbo Fire Department is an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination because of race, color, religion, creed, gender, sexual orientation, national origin, ancestry, age, disability, marital status, honorably discharged veteran or military status, genetic information, or any other legally protected classification.

The Poulsbo Fire Department does not discriminate on the basis of disability in programs and activities, which it operates pursuant to the requirements of the Americans with Disabilities Act of 1990, and ADA Amendments Act. This policy extends to both employment and admission to participation in the programs, services and activities of the Poulsbo Fire Department. Reasonable accommodation for employees or applicants for employment can be provided.



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Poulsbo Fire Department Required Documents Application

Due: Wednesday, July 2, 2025 at 12:00 p.m.

CPAT Due: July 10, 2025

- ☐ **Completed Application - Ensure you attach required documentation as stated in the application:
*Application *Resume *Two Letters of Recommendation *Letter of Interest (Cover Letter)**
- ☐ **Submit a current CPAT certification (if not previously submitted with application packet, non-lateral applicants only). You may email this to employment@poulsbofire.org (the CPAT certification deadline is July 10, 2025)**

Please submit all required documents to the address below

**Poulsbo Fire Department
ATTN: Human Resources Dept
911 NE Liberty Rd
Poulsbo, WA 98370
or email to
employment@poulsbofire.org**

Please be sure to carefully review checklist and application instructions before submission. Incorrect, missing, or otherwise incomplete applications will be cause for disqualification. Poulsbo Fire Department is not responsible for late, misdirected or incomplete applications. Contact the human resources department before the application deadline with any questions regarding the application, required documents, or testing.



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WHAT TO EXPECT NEXT?

All candidates who submit a completed application will be invited to complete a virtual SparkHire interview. Candidates selected to move forward will be invited to participate in a panel interview, tentatively scheduled for July 15, 2025. Final interviews with the Fire Chief are tentatively scheduled for July 16 and 17, 2025. Those who are offered a conditional offer will be required to complete the following:

Background Check: Credit, Driving, Employment History, Criminal Record

Medical Evaluation: Drug, Hearing, Psychological and Physical Screenings

Please contact Nichole Sawyers at (360) 779-3997 or employment@poulsbofire.org with questions regarding the application and/or required documents before the application deadline date. **Please ensure your email is checked regularly (to include your spam folder) as this will be the primary means of communication.**





POULSBO FIRE DEPARTMENT/ KITSAP COUNTY FIRE DISTRICT #18

APPLICATION FOR EMPLOYMENT

Please read the application entirely before completing.

Please select the position for which you are applying:

Entry Level Firefighter

Entry Level Paramedic

Lateral Paramedic

Lateral Firefighter

Experienced Paramedic

1. FULL NAME			2. EMAIL ADDRESS	
Last Name	First Name	Middle Name		
3. TELEPHONE NUMBERS WORK (include area code)			HOME/CELL (include area code)	
			Day	Night
4. VETERANS SCORING CRITERIA				
Have you served in the United States Military Yes <input type="checkbox"/> No <input type="checkbox"/>				

List all of your military service below, including service in the reserve, National Guard, and U.S. Merchant Marine.

Branch	Month/Year To: Month/Year	Rank at Discharge	DD 214 Issued	
	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	To		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever received less than a General Discharge from any branch of Military? Yes ☐ No ☐

Do you wish to use veteran's preference points as part of this testing process? Yes ☐ No ☐

**YOU MUST ATTACH A COPY OF YOUR DD214 LONG FORM TO RECEIVE
PREFERENCE POINTS**

5. EDUCATION				
List the schools you have attended, beyond high school, beginning with the most recent (#1). List only College, University, or Vocational / Technical / Trade Schools in which you are currently a student, past student, or have completed. Current student is defined as currently enrolled or less than three months since completion of last semester / quarter. Education without completion is grouped into #3. If applicable, your fire academy must be documented in #4.				
Did you successfully graduate from High School or earn your GED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of High School or location of GED:			State	
#1	Name of School	State	Area of study:	
Current Student: <input type="checkbox"/> Certificate: <input type="checkbox"/> Associates: <input type="checkbox"/> Bachelors: <input type="checkbox"/> Masters: <input type="checkbox"/>			Year completed:	
#2	Name of School	State	Area of study:	
Current Student: <input type="checkbox"/> Certificate: <input type="checkbox"/> Associates: <input type="checkbox"/> Bachelors: <input type="checkbox"/>			Year completed:	
#3	Name of School	State	Area of study:	
Current Student: <input type="checkbox"/> Certificate: <input type="checkbox"/> Associates: <input type="checkbox"/> Some College: <input type="checkbox"/>			Year completed or number of credits completed:	
#4	Name of Fire Academy	State	Volunteer Academy	Career/Full-time Academy
Year completed:	Describe academy schedule:			

6. EMPLOYMENT

List your employment history, beginning with the present (#1). You should list all full-time work, part-time work, per diem, military service, self-employment, other paid work, and all periods of unemployment. Do not list employment before your 16th birthday. Do not list volunteer or resident experience in this section (see Section #7 - Volunteer). Part-time requires compensation for all hours worked.

#1	Month	Year	To	Month	Year	Employer	Your Position Title		
Employer's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#2	Month	Year	To	Month	Year	Employer	Your Position Title		
Employer's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#3	Month	Year	To	Month	Year	Employer	Your Position Title		
Employer's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#4	Month	Year	To	Month	Year	Employer	Your Position Title		
Employer's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#5	Month	Year	To	Month	Year	Employer	Your Position Title		
Employer's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

7. VOLUNTEER

List your volunteer history, beginning with the present (#1). For example, list resident firefighter experience for which you were not compensated for every hour worked. Do not list full-time, part-time, per diem, or military experience in section #7.

#1	Month	Year	To	Month	Year	Agency / Foundation	Your Position Title		
Agency / Foundation's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Volunteer Location (if different than previous address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#2	Month	Year	To	Month	Year	Agency / Foundation	Your Position Title		
Agency / Foundation's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Volunteer Location (if different than previous address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#3	Month	Year	To	Month	Year	Agency / Foundation	Your Position Title		
Agency / Foundation's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Volunteer Location (if different than previous address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

#4	Month	Year	To	Month	Year	Agency / Foundation	Your Position Title		
Agency / Foundation's Street Address						City	State	ZIP Code	Telephone Number
Street Address of Volunteer Location (if different than previous address)						City (Country)	State	ZIP Code	
Supervisor's Name						Telephone Number			

8. LETTER OF RECOMMENDATION

List two people who know you well and attach their letters of recommendation. They should be good friends, peers, colleagues, college roommates, etc. Do not list your spouse, former spouses, or other relatives.

#1	Name	Dates Known	Month/Year	Month Year	Telephone Number	Day	Night
			To				
Current Home or Work Address					City (Country)	State	ZIP Code
#2	Name	Dates Known	Month/Year	Month Year	Telephone Number	Day <input type="checkbox"/>	Night <input type="checkbox"/>
			To				
Current Home or Work Address					City (Country)	State	ZIP Code

9.A. CERTIFICATIONS

List any certifications relevant to the position for which you are applying. All claims of IFSAC, EMT, and EMT-P certifications require a certification number.

Certification #	Title	Credentialing Agency	Initial Certification Date	Last Renewal Date

9.B. CERTIFICATION WORK EXPERIENCE

Choose the certification level for which you are applying. Only choose one certification. Provide the total number of months you have actively served under your certification (#1). Provide the break down of months for every applicable category and total the months (#2). #1 and #2 must equal each other. Please provide the average the number of calls per year to which you respond.

EMT	State you are currently certified in:	#1	Total number of months actively serving under EMT certification:
Category		Months	
EMT - (911) Non-Transporting			
EMT - BLS Transporting Unit			
EMT - ALS Transporting Unit			
EMT - Other: Describe:			
		#2	Total of Months:
		Number of calls per year you respond to:	

EMT-P	State you are currently certified in:	#1	Total number of months actively serving under EMT-P certification:
Category		Months	
EMT-P - (911) Non-Transporting			
EMT-P - ALS Transporting Unit			
EMT-P - Other: Describe:			
		#2	Total of Months:
		Number of calls per year you respond to:	

10. BACKGROUND

Applicants must be 18 years of age at the time of application. Are you at least 18 years of age? Yes ☐ No ☐

Do you have a valid Driver License? Yes ☐ No ☐

Which State?

Driver License Number:

Do you have a special endorsement? Describe:

Have you ever been ticketed, convicted, pleaded no contest, deferred, or paid a fine for any traffic violation(s) in the past seven (7) years? Yes ☐ No ☐ (Do not rely on public records searches to determine which to include - include all)

If yes, please explain:

Have you been convicted or pled guilty of a felony or a misdemeanor other than minor traffic offenses, or been released from prison? Yes ☐ No ☐

If answer is "yes," please give the nature of the offense, dates of conviction, and the court in which you were convicted of the offense. (Conviction of a crime may or may not disqualify you)

Instructions: 1) Please include a copy of your DD214 if applicable, 2) Provide a copy of your resume, Letter of Interest, and 2 Letters of Recommendation, 4) Include a copy of your current CPAT if required, or provide by 7/10/2025 ____ (Initial Here)

I understand that if hired, and I lose, damage, or fail to return any Poulsbo Fire Department property at the time of my separation of employment, Poulsbo Fire Department is authorized to deduct from my final paycheck the cost of such property. ____ (Initial Here)

I certify I am not engaged in any outside activity or business that could be considered in conflict with Poulsbo Fire Department's interest, nor will I become engaged in such activity or business if employed. ____ (Initial Here)

Poulsbo Fire Department reserves the right to alter/change the testing process. I understand that interviews are given on a competitive basis, using job-related factors, after a written application packet has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed and/or tested. Additionally, I give permission for Poulsbo Fire Department to contact references, and request information related to educational background, employment history, and special licenses or training. ____ (Initial Here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Poulsbo Fire Department. ____ (Initial Here)

Poulsbo Fire Department is an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination because of race, color, religion, creed, gender, sexual orientation, national origin, ancestry, age, disability, marital status, honorably discharged veteran or military status, genetic information, or any other legally protected classification.

CERTIFICATION THAT MY ANSWERS ARE TRUE

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and the information given is true and complete to the best of my knowledge and belief. I understand that knowingly providing false information on this application will be grounds for elimination from further consideration; or, if employed, for dismissal at any time.

Signature		Last 4 Digits of your Social Security:		Today's Date:	
Mailing Address:	City	State	ZIP Code	Cell Number	
Physical Address: (if different than above)	City	State	ZIP Code	Home Phone Number	