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

VOLUNTEER FIREFIGHTER / EMT

OPENS: February 2nd, 2026 – 0800 Hours
CLOSES: March 20th, 2026 - 1200 Hours

McLane Black Lake Fire Department in Olympia, WA is accepting applications for the position of Firefighter/EMT and EMS only positions.

POSITION DESCRIPTION

The volunteer position works directly for their assigned shift officers. The primary responsibility of this position includes conducting emergency medical and fire response, maintaining operational readiness, assisting with training, supporting fire and life safety education programs and performing BLS transport. McLane Black Lake Fire Department is a combination fire department. The successful candidate will be expected to complete 36 hours of activities each month to include but not limited to; shifts, training, and public relations.

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.

TRAINING

All required training will be provided at no cost to successful applicants as required by local, state and federal standards.

MINIMUM QUALIFICATIONS

- At least 18 years of age at time of CPAT test
- High School Diploma or GED
- Valid Driver's License (WA license required by first day of employment)

TESTING PROCESS

- Written Examination w/ 80% or higher. *See details on page 3 & 4*
    - 3/21 begins at 0830 Hours
    - 3/25 begins at 1800 Hours
- CPAT physical ability test within the six months preceding June 15th, 2026. Proof must be provided to the department prior to June 15th, 2026. *See details on page 3 & 4*
    - 4/18 begins at 0900 Hours
    - 5/9 begins at 0900 Hours
    - 6/13 begins at 0900 Hours
- Oral Board Interview
- Chief's Interview (if needed)

APPLICATIONS MAY BE OBTAINED AT:

www.mclanefire.org or you may be pick-up an application at McLane Black Lake Fire Department's headquarters, located at 125 Delphi Rd. NW, Olympia WA 98502, beginning Monday, February 1st 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 must submit to and pass a medical physical examination and pre-employment drug screen.
- *McLane Black Lake Fire Department is an equal opportunity employer.*

Application Timeline

Applications					
Opens	Monday, 2/2/2026	0800	**Closes**	Friday, 3/20/2026	1600

Written Test (in-person)					
1st Date	Saturday, 3/21/2026	0830	**2nd Date**	Wednesday, 3/25/2026	1800
Location: Sta. 91- 125 Delphi Road, Olympia					

CPAT			
1st Date	Saturday, 4/18/2026	0900	Walkthrough or Test
2nd Date	Saturday, 5/9/2026	0900	Walkthrough or Test
3rd Date	Saturday, 6/13/2026	0900	Test Only
Location: Sta. 95- 5911 Black Lake Blvd, Olympia			

Oral Board Interviews			
Dates:	June 15-18	1700	Block time of 45 mins beginning at 1700
Dates for interviews will be scheduled after successful completion of CPAT and Written Test.			
Location: Sta. 91- 125 Delphi Road, Olympia			

Notes/Details

Application

Applications must be received at Thurston County Fire District 9 (McLane Black Lake Fire Dept) headquarters station (Sta. 91, 125 Delphi Road) by dates listed above. 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:
   125 Delphi Rd. 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.

Written Examination

The written examination is a basic general knowledge test. There are 2 dates scheduled for the written examination. See the timeline above for dates and times. The applicant must score higher than 80% to be successful. Please indicate on the application which day you are going to attend.

CPAT Preparation & Test

There are three dates for the CPAT practice or test. CPAT #1 & #2 are scheduled for practice and/or test. CPAT Final is scheduled for the test only. You will have the option to practice or test on CPAT #1 and #2, you are unable to do both so you will have to declare what you are doing to the test proctor what you are doing. Please see the dates above for the dates and times.

Oral Board

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

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

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

☐ Resume

☐ Certifications pertaining to the position

☐ Copy of current EMT certification (if a current EMT)

☐ 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

OR

☐ I will need to take the offered CPAT

McLane Black Lake Fire Department will be offering CPAT at no cost for the application process. You will be provided with the document for a successful test with payment per department current policy

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
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.			

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 & PROFFESIONAL 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: _____

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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:		

WASHINGTON STATE DEPARTMENT OF LICENSING

Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: McLane Black Lake Fire Department

Agent business name if acting on behalf of the company for employment purposes: _____

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of
Your name
the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name *(First, Middle, Last)*	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature **X**	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Release of Interest;" any defects in any of Company's procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name	Authorized representative name	Title
McLane Black Lake Fire Department	Michelle Gleizes	Administrative Assistant
Address 125 Delphi Rd NW Olympia, WA 98502		

_____ **X** _____

Date and place signed — Authorized representative signature

NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.