

Chelan Fire & Rescue



Volunteer Firefighter Application



EMPLOYMENT APPLICATION

CHELAN COUNTY FIRE DISTRICT 7

CHELAN FIRE AND RESCUE

232 EAST WAPATO AVENUE

CHELAN, WA 98816

Phone 509-682-4476 Fax 509-682-3297

www.chelan7.com

Return completed applications to:

Chelan Fire and Rescue
232 East Wapato Ave
Chelan, WA 98816
 Monday – Friday
 8am – 4pm

INSTRUCTIONS: Please answer all questions on this application completely and accurately. All statements are subject to verification. Incorrect statements could result in rejection or termination. A resume may be submitted but NOT substituted for this application. Please print clearly in dark ink or type.

| | | | |
|-------------------|-----------|------------|--------------------|
| Social Security # | Last Name | First Name | MI |
| Physical Address | | | |
| City | State | Zip | Mailing Address |
| | () | () | Home Phone () () |
| | | | Work Phone () () |
| | | | Cell Phone () () |

Have you volunteered for other organizations: NO YES _____
 Are you either a citizen of the United States or an alien authorized to work in the United States? YES NO
 (Employment is subject to verification of your legal right to work in the U.S.)

Washington Driver's License #: _____ Expiration Date: _____ Can you provide proof of Insurance: YES NO

Have you ever been convicted of a misdemeanor or felony, including traffic violations? YES NO
 If YES, please give details including type of offense, sentence, and dates on a separate sheet of paper.
 (A conviction will not necessarily be a bar to employment/volunteering. Facts such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

| | |
|------------------------|--------------|
| OFFICE USE ONLY | |
| App. Received: | Letter Sent: |

| | |
|-----------------|-------|
| Oral Interview: | Date: |
|-----------------|-------|

| | | | |
|-------------------|-------|------|------|
| Physical Agility: | Date: | Pass | Fail |
|-------------------|-------|------|------|

| |
|-----------------------|
| Background Check: |
| Driver History Check: |

| |
|-------------|
| Start Date: |
|-------------|

| |
|----------------|
| Email address: |
|----------------|

REFERENCES:

| Name | Company & Title | Relationship to you | Phone # | Alternate # |
|------|-----------------|---------------------|---------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Give a complete account of your employment. Begin on the first line with your present or most recent position and work back. Last 5 years of employment only. (Please attach an additional sheet if necessary and include all periods of unemployment.)

EMPLOYMENT RECORD: DO NOT indicate "see resume".

| | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|---------------------------|
| MONTH / YEAR STARTED | NAME, ADDRESS, PHONE, OF EMPLOYER | POSITION/DUTIES | REASON FOR LEAVING |
| MONTH / YEAR ENDED | | | SUPERVISOR'S NAME & TITLE |
| WHAT DID YOU LIKE ABOUT THIS JOB? | | WHAT DID YOU DISLIKE ABOUT THIS JOB? | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|---------------------------|
| MONTH / YEAR STARTED | NAME, ADDRESS, PHONE, OF EMPLOYER | POSITION/DUTIES | REASON FOR LEAVING |
| MONTH / YEAR ENDED | | | SUPERVISOR'S NAME & TITLE |
| WHAT DID YOU LIKE ABOUT THIS JOB? | | WHAT DID YOU DISLIKE ABOUT THIS JOB? | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|---------------------------|
| MONTH / YEAR STARTED | NAME, ADDRESS, PHONE, OF EMPLOYER | POSITION/DUTIES | REASON FOR LEAVING |
| MONTH / YEAR ENDED | | | SUPERVISOR'S NAME & TITLE |
| WHAT DID YOU LIKE ABOUT THIS JOB? | | WHAT DID YOU DISLIKE ABOUT THIS JOB? | |

EDUCATION AND TRAINING: (Pursuant to State law, use of a false or misleading degree is prohibited.)

| | School Name City and State | # Years Attended | Did You Graduate? | Major Subjects, Special Courses Degrees |
|----------------------------|-------------------------------|---------------------|----------------------|--|
| HIGH SCHOOL | | | | |
| COLLEGE / UNIVERSITY | | | | |
| GRADUATE SCHOOL | | | | |
| OTHER EDUCATION | | | | |
| LICENSES & CERTIFICATIONS: | | | | |
| OTHER SKILLS: | | | | |

List any skills, including Fire or Medical experience that might be of benefit to the Fire Department: _____

MEDICAL HISTORY:

Do you have any physical condition which may limit your ability to perform the duties of the position for which you've applied? **YES** **NO**
 If YES, please explain: _____

Any medication allergies? **YES** **NO** **If yes, please list:** _____

| PERSONS TO NOTIFY IN CASE OF EMERGENCY: | | Relationship to you |
|--|---------|---------------------|
| Name | Address | Phone |
| Name | Address | Phone |



DISCLOSURE AND RELEASE FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Chelan County Fire District 7, at 232 E. Wapato Ave, Chelan, WA 98816, consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics, may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: **Background Screeners of America**, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; telephone (866) 570-4949 (“Agency”), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view their privacy policy at their website: www.wescreenusa.com

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. You can have someone accompany you to the Agency’s offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law _____. (NY Applicant Initials)

I have read and I understand this page.

➔

| |
|-------------------|
| _____ Initials |
|-------------------|

I acknowledge I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

| | | | |
|--|--|--|---------------|
| NAME: Last | | First | Middle |
| Social Security # | | Date of Birth | |
| Email | | | |
| Current Address: | | Previous Address: | |
| Street 1 Apt or Unit # City ST Zip | | Street 1 Apt or Unit # City ST Zip | |
| Drivers Lic. # | | State Issuing | |
| Alias or Maiden Names Used: | | | |
| | | | |
| | | | |

X _____ DATE: _____

APPLICANT SIGNATURE

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|--|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p> | <p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p> |
| <p>4. Creditors Subject to Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p> |
| <p>5. Creditors Subject to Packers and Stockyards Act</p> | <p>Nearest Packers and Stockyards Administration area supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |

Applicant Copy

CERTIFICATE OF APPLICANT (Read carefully before signing.)

I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application. I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

If I am considered for employment/volunteer, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested; and I authorize Chelan County Fire District 7 and agencies or companies by choice of Chelan County Fire District 7 to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment or to volunteer, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by CCFD 7. I understand that the reason for such testing is that CCFD 7 endeavors to operate its business in a safe manner for all employees, volunteers, customers, residents, visitors and/or guests. The results of such testing will be communicated to CCFD 7 or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be considered for employment or volunteering.

If I am employed or volunteer, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work and volunteer in the U.S.A.

If employed or volunteer, I agree to abide by Chelan County Fire District 7 rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed or volunteer, such employment/volunteering will be for an indefinite period and can be terminated at any time by CCFD 7 or myself, without notice and/or without cause.

I understand that this is an application only and that it does not constitute an offer of volunteering/employment or an employment contract. As the Applicant named above, I authorize CCFD 7 and/or its agents to:

1. Obtain verification of information provided by me in this employment/volunteer application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education records, conduct, and skills.

The information obtained will in no way be used in violation of any federal or state equal employment opportunity law or regulation. I further authorize all institutions, agencies, companies, or persons referred to above, to give Chelan County Fire District 7 and/or its agents all information requested. I release CCFD 7, its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.

A copy of this authorization and release shall be as valid as the original.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DRIVERS LICENSE # & STATE: _____ **SOCIAL SECURITY #:** _____