

CHELAN FIRE & RESCUE



APPLICATION PACKET



Thank you for your interest in Chelan Fire & Rescue. We pride ourselves in our commitment to this community and we would like to welcome you to our team. Please take your time in filling out this application packet. Read all documents carefully before signing.

Application process steps.

1. Selection Process:
2. • 12/6/2024 – Application period closes.
3. • 12/13/2024 – Written Test & Swim Evaluation (Exact time TBD)
Note: Written test will be based upon General Education information.
4. • 12/16/2024 – Interview Panel
5. • 12/19/2024 – Chief Interviews
6. • 12/23/2024 – Posting of Eligibility List
7. • As Needed – NFPA 1582 Physical, Background Check

To Apply:

Submit the following documents to the Administrative Office by 1700 hours on Friday, December 6th, 2024 for consideration. Staff will review the applications and invite those successful applicants to the selection process as noted above. Applications can be turned in, in person, at 232 E Wapato Ave, Chelan WA 98816.

- Completed application
- Cover Letter and Resume
- Copies of all pertinent credentials/certifications.



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				Mailing Address		
City	State	Zip	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 Drivers 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. <small>(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.)</small>		

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	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	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	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	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	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	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:

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

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 #: _____



CHELAN
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P.O. Box 1317, Chelan, WA 98816
509-682-4476

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Chelan Fire and Rescue ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth* _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____



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509-682-4476

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Chelan Fire and Rescue ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature: _____

Date: _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;">X</p>	
Date and place (city or county) signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;">X</p>		
Signature		Date

Para información en español, 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 1-888-5-OPTOUT (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.

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:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Consumers Have The Right To Obtain A Security Freeze

Pursuant to Title III of the "Economic Growth, Regulatory Relief, and Consumer Protection Act" (PL No. 115-174), you have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To place a security freeze or fraud alert on your credit report please contact the following consumer reporting agencies:

Equifax

https://www.freeze.equifax.com/Freeze/jsp/SFF_PersonalIDInfo.jsp

https://www.alerts.equifax.com/AutoFraud_Online/jsp/fraudAlert.jsp

Experian

<https://www.experian.com/freeze/center.html>

<https://www.experian.com/fraud/center.html>

TransUnion

<https://www.transunion.com/credit-freeze/credit-freeze-faq.page>

<https://www.transunion.com/fraud-victim-resource/place-fraud-alert>