



Central Whidbey Island Fire & Rescue

Application for Membership/Employment

GENERAL INFORMATION						
Name (Last)		(First)		(Middle Initial)	Primary Telephone () -	
Address (Mailing Address)		(City)	(State)	(Zip)	Other Telephone () -	
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
POSITION						
Position or Type of Employment/Volunteer Service Desired					Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Volunteer	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date Available / /						
EDUCATION AND TRAINING						
High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From /			<input type="checkbox"/> Yes		
	To /			<input type="checkbox"/> No		
	From /			<input type="checkbox"/> Yes		
	To /			<input type="checkbox"/> No		
	From /			<input type="checkbox"/> Yes		
	To /			<input type="checkbox"/> No		
	From /			<input type="checkbox"/> Yes		
	To /			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration / /
Occupational License, Certificate or Registration		Number		Where Issued		Expiration / /
Occupational License, Certificate or Registration		Number		Where Issued		Expiration / /
Languages Read, Written or Spoken Fluently Other Than English						
MILITARY SERVICE						
Branch of Service		Date of Entry / /		Date of Discharge / /		Type of Discharge

SPECIAL SKILLS

List all pertinent skills and equipment that you can operate

WORK/VOLUNTEER EXPERIENCE

List employment and/or volunteer service starting (most recent first). Attach additional pages if necessary.

Employer	Telephone Number () -	From (Month/Year) /
Address		
Job Title	Number Employees Supervised	To (Month/Year) /
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year) /
Address		
Job Title	Number Employees Supervised	To (Month/Year) /
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year) /
Address		
Job Title	Number Employees Supervised	To (Month/Year) /
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Telephone Number () -	From (Month/Year) /
Address			
Job Title	Number Employees Supervised		To (Month/Year) /
Specific Duties			Hours Per Week
			Last Salary
			Supervisor
			Reason For Leaving

Please indicate if you have any of the following criminal history or driving record disqualifying factors:

CRIMINAL HISTORY	DRIVING RECORD
<input type="checkbox"/> Any Felony Convictions	<input type="checkbox"/> Driving Under the Influence within the last 10 years
<input type="checkbox"/> Any Misdemeanor Convictions related to sexual misconduct, property crimes, or violence	<input type="checkbox"/> Suspensions within the last 10 years
<input type="checkbox"/> Other Misdemeanor Convictions within 5 years	<input type="checkbox"/> Any at fault accidents within the last 5 years.
	<input type="checkbox"/> More than 2 moving violations within the last year
	<input type="checkbox"/> More than 5 moving violations within the last 5 years

All personnel will be subject to a drug and alcohol screening.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature _____	Date (mm/dd/yyyy) / /
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Central Whidbey Island Fire & Rescue is an Equal Opportunity Employer.

****Please be sure to enclose a photocopy of your driver's license. ****

BACKGROUND CHECK DISCLOSURE DOCUMENT

Central Whidbey Island Fire & Rescue (the “Company”) may order a “consumer report” (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living and criminal history. Information may be obtained from private and public record sources.

Print Form and Sign Here

Signature

____/____/____
Today's Date (Month/Day/Year)

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

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
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>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</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>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</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>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 Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</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 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St., N.E. 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 <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

BACKGROUND CHECK AUTHORIZATION DOCUMENT

By signing below, I authorize the Company to order my background check. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports without asking me for my authorization again during my employment.

For the purpose of preparing a background check for the Company, and only for that specific purpose, and subject to all laws protecting my information and individual privacy, I also authorize the following to disclose to the CRA the information needed to compile the report: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities and motor vehicle records agencies. By signing below, I acknowledge the information that can be disclosed to the CRA, if and only as allowed by law, includes information concerning my employment and earnings history, education, credit history, workers compensation history, motor vehicle history, criminal history, military service, and professional credentials and licenses.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ State _____

Other Driver's Licenses Held in Past 5 Years _____ State _____

PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY

_____	_____	_____	_____	_____	_____
Current Address	City	State	Zip	Years	Months
_____	_____	_____	_____	_____	_____
Previous Address	City	State	Zip	Years	Months
_____	_____	_____	_____	_____	_____
Previous Address	City	State	Zip	Years	Months
_____	_____	_____	_____	_____	_____
Previous Address	City	State	Zip	Years	Months

FOR IDENTIFICATION PURPOSES ONLY:

Print Form and Sign Here

Signature _____

_____/_____/_____
Date of Birth
(Month/Day/Year)

_____/_____/_____
Today's Date
(Month/Day/Year)

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 certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 35%;"> <p>_____</p> <p>Date and place signed</p> </div> <div style="width: 30%; text-align: center;"> <p>X</p> <p>Authorized representative signature</p> </div> <div style="width: 30%;"></div> </div>	

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

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; text-align: center;"> <p>X</p> <p>Signature</p> </div> <div style="width: 55%;"></div> </div>		

VALUES QUESTIONS

1. Please tell us a little about yourself and how your background has prepared you for becoming a volunteer with Central Whidbey Island Fire & Rescue (CWIFR).

2. Tell about a time when your trustworthiness was challenged. How did you react/respond?

3. What is the toughest feedback that you have received and what lessons did you learn from it?

VALUES QUESTIONS (continued)

4. Please share with us a situation where you identified with someone who was ill or hurting.

5. Please describe a time when you received excellent service. What about this experience made you feel that it was excellent?

6. Tell us about a time when you struggled with accomplishing a task and how you dealt with this challenge. What did you learn from this experience?

VALUES QUESTIONS (continued)

7. Please describe a time when you had a disagreement with a co-worker or superior. How did you handle it?

8. On occasion, we are confronted by a lack of integrity in the workplace (or in daily life). Tell about such an occurrence and how you handled it.

9. Please tell us about a person that you believe behaves with compassion. What about this person's behavior and interaction with others makes them compassionate?