



1525 Avenue D
P.O. Box 820
Snohomish, WA 98291-0820

*Snohomish County
Fire District #4*

Application Checklist

Applicant Name: _____

Attachments

- District Employment Application
- High School Diploma or GED Certificate
- Washington State EMT or National Registry Certification
- IFSAC FF1 Certificate
- Three Letter(s) of Personal Reference
- CPAT Certificate Within Past 12 months
- Background Check Release Forms
- Color Copy of Driver's License
- Applicable Certifications

Administrative Use Only:

Comments:

Accept ____ Reject ____ (Reason for rejection shall be noted in the comment section.)



APPLICATION FOR EMPLOYMENT

Snohomish County Fire District 4 is an equal opportunity employer and encourages applications from all persons regardless of race, creed, color, sex, national origin, religion, marital status, age, physical, mental, or sensory disability unless based upon a bona fide occupational qualification (RCW 49.60 and WAC 162-12, and NFPA 1582).

PLEASE: *Print (Do Not Type)
 *Answer all questions completely and accurately
 *Attach supplemental sheets as needed

APPLYING FOR: PART-TIME FIREFIGHTER/EMT

1. Name: _____
Last, First, MI

2. Address: _____
(Street) (City) (State,Zip)

3. Home/Message Phone: () _____ - _____ Other: () _____ - _____

4. Email Address _____

5. Driver's License Number: _____ State: _____

6. Is there any reason why you cannot become lawfully employed in this country because of visa or immigration status? [] YES [] NO
 If employed, can you provide proof of citizenship, visa, or alien registration? [] YES [] NO

7. Education: (Circle highest level completed and furnish copy of GED or diploma) GED 12 13 14 15 16 17 18

8. List any college degrees or special certificates you hold:

9. List any skills or training you have acquired that relate to the job you are applying for:

10. Have you been convicted within the past ten (10) years of a felony? [] YES [] NO
If yes, please list and explain. NOTE: Conviction will not necessarily bar you from employment.

11. Are you claiming bilingual preference? [] YES [] NO If Yes, which language(s) do you have conversational ability? _____

18. Present Employment:

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Days/Hours of Work: _____

Can we contact your present employer? Yes No

Previous Employers:

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Length of Employment (give dates): _____

Specific Duties: _____

Reason for Leaving: _____

I release all parties connected with any request for information from all claims of liability and/or damages for any reason arising from the furnishing of information, including information of a confidential or privileged nature, in determining my moral, physical, and mental qualifications.

I certify that all statements above are true to the best of my knowledge and contain no misrepresentation or falsification and I understand that false statements shall be sufficient cause for my dismissal from employment.

(Signature of Applicant)

_____/_____/_____

(Date)



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 Snohomish County Fire Protection District 4 ("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* : _____ **REQUIRED**

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

Signature: _____ Date: _____

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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.

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.

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</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 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 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 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, 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 or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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.

Applicant Copy



Background Screeners
— of America —

18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Washington Release Form

Employers in Washington State are required when ordering driving records to have pre-hires, current employees and volunteers complete the state form. Employers are required to keep this form on hand when audits are conducted on behalf of Washington State.

The employer or prospective employer must maintain this record for a period of not less than 2 years from the date of the most recent request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in legal action or even prosecution.

Washington State - Abstract of Driving Record Release of Interest

Remember, you must have releases available when audits are conducted on behalf of Washington.

Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: Snohomish County Fire Protection District 4

Agent business name if acting on behalf of the company for employment purposes: Background Screeners of America

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 <i>(First, Middle, Last)</i>	WA driver license number or date of birth
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 Snohomish County Fire Protection District 4	Authorized representative name Kristina Blair	Title Office Manager
Address PO Box 820, 1525 Avenue D, Snohomish, WA 98291		

Snohomish, WA
Date and place signed

X
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 most recent 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.



RELEASE OF INFORMATION AUTHORIZATION

By my signature below I hereby authorize Snohomish County Fire District #4 access to investigate my background for the purpose of future employment, continued employment or promotion. I understand that this investigation may include driving history, employment history, credit history, military history, criminal history, educational and/or credential confirmation.

Further, I hereby authorize any person, educational institution, company, corporation, and/or law enforcement agency, including without limitation, any State Department of Licensing, any State Department of Corrections, and any other agency that may possess records relating to me to release information pertinent to this investigation.

I release all parties connected with any request for information from all claims of liability and/or damages for any reason arising from the furnishing of information, including information of a confidential or privileged nature, in determining my moral, physical, and mental qualifications.

Signed: _____

Printed Name: _____

Date: _____

Witness: _____



PART-TIME FIREFIGHTER CLASSIFICATION AGREEMENT

Name _____ ID# _____ Date _____

CONDITIONS FOR ASSIGNMENT AS A PART-TIME EMPLOYEE

- I will maintain all training requirements applicable to my position and understand that my ability to perform as a Firefighter/EMT will be evaluated on a regular basis by my superiors and that my non-satisfactory performance may be grounds for my release from the District.
- I will be required to work at least seventy two (72) hours per month and will be limited to no more than one hundred and twenty (120) hours per month, to include working shifts and training.
- I understand that the Fire District reserves the right to establish the number of available shifts, hours, positions, and who is best suited to fill those positions.
- I understand I will be assigned shifts to work and that I cannot trade them or give them away.
- I will be accountable for the number of hours I have been assigned to work.
- I understand that I may decline to work any assigned shift as long as I notify a Chief Officer at least seven (7) days prior to the scheduled shift, the exception being for personal or family emergencies.
- I understand that I will be enrolled in the PERS retirement system and will be required to pay through payroll deduction a percent of my pay into the PERS retirement system.
- I understand that I will be enrolled with Washington State Department of Labor & Industries for on-duty injury coverage, and that I will be required to pay through payroll deduction the employee's share of the premium.
- I understand that I will be paid for my time as indicated below:
 - 2019 pay rate for a Firefighter/EMT is \$14.46 per hour.
 - 2019 pay rate for a Firefighter/EMT, ambulance driver is \$15.59 per hour.
 - 2019 pay rate for a Firefighter/EMT, engine driver is \$16.71 per hour.

I, _____, have been informed of my options and have chosen to be classified as a part-time employee, Fire Fighter/EMT.

(Signature)

Date

Fire Chief

Date

Payroll – Effective Date: _____