



Mason County Fire District #11 Application Packet

POSITION APPLIED FOR: FIREFIGHTER EMS SUPPORT OUT OF AREA VOLUNTEER

PERSONAL DATA:

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS (if different from address): _____

PHONE: () () () ()
Home Cell Work Pager

DATE OF BIRTH: _____ SOCIAL SECURITY No.: _____ MARITAL STATUS: _____

DRIVERS LICENSE No.: _____ DRIVERS LICENSE STATE: _____ E-MAIL: _____

LIST TRAFFIC CITATIONS IN LAST 5 YEARS: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____ BLOOD TYPE: _____

SPOUSE'S NAME: _____ No. OF CHILDREN: _____ BOY: _____ GIRL: _____

EMERGENCY CONTACT #1 : _____ () _____
Name Phone No.

EMERGENCY CONTACT #1 ADDRESS: _____

EMERGENCY CONTACT #2 : _____ () _____
Name Phone No.

EMERGENCY CONTACT #2 ADDRESS: _____

Are you a legal citizen of the United States of America? YES NO

Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another State or Jurisdiction? (A criminal history may not automatically bar you from acceptance, but failure to disclose could result in denial.) If yes, please explain on back.

YES NO



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List your last (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer			Telephone ()	Dates Employed	
				From	To
Address			Summarize the nature of work performed and job responsibilities		
City	State	Zip			
Job Title					
Immediate Supervisor and Title-			May we contact for reference? Yes No Later		

Employer			Telephone ()	Dates Employed	
				From	To
Address			Summarize the nature of work performed and job responsibilities		
City	State	Zip			
Job Title					
Immediate Supervisor and Title-			May we contact for reference? Yes No Later		

Employer			Telephone ()	Dates Employed	
				From	To
Address			Summarize the nature of work performed and job responsibilities		
City	State	Zip			
Job Title					
Immediate Supervisor and Title-			May we contact for reference? Yes No Later		



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REFERENCES:

List the names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or previous references that are not related to you.

<u>NAME</u>	<u>TELEPHONE</u>	<u>YEARS KNOWN</u>
	()	
	()	
	()	

GENERAL INFORMATION

Include in the lines below any additional information relative to your interest, qualifications, objectives, or reasons for desiring membership in this organization.

It is understood and agreed upon that any misrepresentation by me on this application will be adequate cause for cancellation of this application and/or separation from the District's service if I have been accepted.

I give the District the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the District and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

The District is an Equal Opportunity Employer. The District does not discriminate in acceptance, and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for acceptance on a basis prohibited by local, state, or federal law.

I understand that just as I am free to resign at any time, the District reserves the right to terminate my membership at any time, with or without prior notice. I understand that no representative of the District has the authority to make any assurances to the contrary.

I understand that the District may require the satisfactory completion of physical, mental, and any other testing as a condition of membership.

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct. If membership is obtained under this application, I will comply with all rules and regulations of this District.

Applicant's Signature: _____ Date: _____

Submit Application To: *Mason County Fire District #11*

*PO Box 743
130 E Island Lake Rd.
Shelton, WA 98584*

Phone: (360) 426-1822



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EDUCATION AND MILITARY BACKGROUND:

<u>School Name and Location:</u>	<u>Number of Years</u>	<u>Did You Graduate?</u>	<u>Course of Study/Degree</u>
High School:			
College:			
Other:			
<u>List Licenses, Certificates or Registrations:</u>	<u>Where Issued</u>	<u>Issue Date</u>	<u>Expiration Date</u>

LANGUAGES:

List any languages other than English that you speak fluently.

SPECIAL SKILLS:

List any special skills or qualifications that may be useful in this job.

FIRE SERVICE AND MILITARY BACKGROUND:

Department or Branch of Service-	
Dates of Service-	
Location Served-	
Name of Supervisor-	
Phone Number of Supervisor-	
Reason for Leaving-	

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Mason County Fire District #11 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: _____

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 **Mason County Fire District #11** 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.

<p><u>Washington State applicants only:</u> 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.</p>
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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: _____

Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: Mason County Fire District #11

Agent business name if acting on behalf of the company for employment purposes: Softech International Inc.

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 Mason County Fire District #11	Authorized representative name Brandon Searles	Title Fire Chief
Address PO Box 743 Shelton, WA 98584		

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.