



## Clallam County Fire District 3

### Application for Employment

323 N. Fifth Avenue, Sequim, WA 98382

(360) 683-4242 FAX (360) 683-6834

Website: [www.ccf3.org](http://www.ccf3.org)

Reference: SOP 2410, Recruitment of Staff

**Please read everything carefully and thoroughly. Provide all information requested, completing legibly by printing in ink or by typing. You may attach a cover letter and/or resume, but the application must be completed in full.**

**Position Sought:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
Last First Middle Initial

**Email:** \_\_\_\_\_ **Are you over 21 years old:** Yes \_\_\_ No \_\_\_

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Phone:** \_\_\_\_\_  
Home Cell Work

In an effort to evaluate the effectiveness of our recruiting efforts, how did you learn of the position?

\_\_\_\_\_ Advertisement – Which one: \_\_\_\_\_

\_\_\_\_\_ Department Member – Who: \_\_\_\_\_

\_\_\_\_\_ Other – Please explain: \_\_\_\_\_

**Records Retention** – Applications are retained according to the requirements of the State of Washington Records Retention Schedule. However, applicants must complete a new application to be considered for additional and/or future positions.

**Proof of Citizenship** – As a condition of employment, documentation is required to prove eligibility to obtain employment along with personal identification as required by the Immigration Reform and Control Act of 1986.

**Equal Opportunity Employer** – Clallam County Fire District 3 is an equal opportunity employer and does not discriminate on the basis of race, religion, age, national origin, gender, marital status, sexual orientation, disability, or veteran status or any other protected status.

**Drug Free Workplace** – Clallam County Fire District 3 is a drug-free and non-tobacco workplace. If selected as a finalist, the successful applicant will be required to take a pre-employment drug test that demonstrates they are able to perform the essential functions of the position for which they are being considered.

Educational History					
High School	City & State	Year	Comments	Graduate	Diploma or GED?
				Yes ____ No ____	
Tech/Trade School	City & State	Year	Course of Study	Graduate	Earned Credentials
				Yes ____ No ____	
				Yes ____ No ____	
College	City & State	Year	Course of Study	Graduate	Degree/Credits
				Yes ____ No ____	
				Yes ____ No ____	
				Yes ____ No ____	
				Yes ____ No ____	
Other Education	City & State	Year	Course of Study	Graduate	Earned Credentials
				Yes ____ No ____	
				Yes ____ No ____	
				Yes ____ No ____	

**Experience** – List any position relevant memberships, certificates, or licenses (include expiration dates).

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**Specialized Skills** – List and briefly describe any position relevant skills, expertise, or work experience.

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Employment History		
<p>Starting with your present or last employer, list your employment history. Include self-employment, summer, and part-time jobs. If more space is required, please continue on a separate sheet. <b>You may attach a resume, but this portion of the application must be completed in full as well.</b></p>		
<b>Present or Last Employer</b>		Type of business
Street Address		Phone No.
City	State	Zip Code
Supervisor's Name and Title		Phone No.
Base salary	Dates Worked From                      To	
Reason for Leaving or Seeking Employment:		
<b>Previous Employer</b>		Type of business
Street Address		Phone No.
City	State	Zip Code
Supervisor's Name and Title		Phone No.
Base salary	Dates Worked From                      To	
Reason for Leaving or Seeking Employment:		
<b>Previous Employer</b>		Type of business
Street Address		Phone No.
City	State	Zip Code
Supervisor's Name and Title		Phone No.
Base salary	Dates Worked From                      To	
Reason for Leaving or Seeking Employment:		

Professional References				
List five persons below who are not related to you who have knowledge of your qualifications for the position for which you are applying.				
Name	Title/Relationship	Address (Street, city, state, zip code)	Phone Number (Include area code)	Occupation
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Desired Salary:		Date Available:
Phone: _____				

In evaluating your application we may contact the above listed employers unless you list below those who you do not want us to contact and state a reason. Please list additional employers on a separate sheet.

Do not contact this employer: \_\_\_\_\_ Reason: \_\_\_\_\_

Do not contact this employer: \_\_\_\_\_ Reason: \_\_\_\_\_

**Miscellaneous**

Have you been previously employed by Clallam County Fire District 3? Yes  No

If yes, describe when and in what capacity: \_\_\_\_\_

Do you have relatives employed by Clallam County Fire District 3? Yes  No

If yes, please list them: \_\_\_\_\_

Have you been convicted of any crimes other than minor traffic violations during the past ten years? (An affirmative answer will not automatically disqualify employment considered.) Yes  No

If yes, please list on a separate sheet (Include name of the court, city/state, and date of conviction).

Will visa or immigration status prevent lawful employment? (Proof of citizenship or immigration status will be required upon employment) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job as stated in the job description? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to work 24 hour shifts, work weekends, holidays, and be available for mandatory overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**Certification and Authorization to Release Information**

I hereby certify that the answers and other information I have provided in this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification to disqualify my application and/or may be used as just cause for termination from Clallam County Fire District 3's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the department or myself.

With my signature below, I authorize Clallam County Fire District 3 to solicit information regarding my character, general reputation, credit, previous employment, and similar background information; and to contact any and all references I have listed in my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Clallam County Fire District 3 from any liability for future references it may provide regarding my work history at the department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If any of your educational or employment records are under other than the above name, please provide other names.**

**Equal Opportunity Statement:** Equal opportunity is District policy and employment opportunities will NOT be limited because of race, color, religion, sex, handicap or nationality and will be so applied. The District affirmatively seeks to employ and advance qualified applicants in protected classes. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The District abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. The District complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation. You are to report violations to management or to the Personnel Officer. If an applicant needs assistance in applying in completing this application please notify the District and assistance will be provided.

**Tobacco Use Declaration:** I understand the use of any tobacco product is forbidden by the District and do hereby declare that I will abide by this prohibition during my employment.

**Drug Policy:** The nature of fire service requires that all District personnel refrain from the use of drugs/alcohol in the workplace or prior to reporting to duty. Any employee observed to be in possession, under the influence or using drugs (other than medications prescribed by a medical provider for the employee’s medical condition), or alcohol will be required to be removed from the workplace and required to submit to a urinalysis or blood draw. If an employee is found to have violated the District’s drug free policy they may be terminated and subject to criminal action.

**Signature and Acknowledgment**

**This is a legal document, read it carefully before signing.**

I, the below-signed, make this application as an inducement to the District to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement and I certify that entries made by me are without omission and are a fully, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Driving Record**

**You will need to submit a copy of your driving record along with a copy of your current driver’s license when submitting this employment application.**

How to request a copy of your driving record

1. See the Washington State Department of Licensing website at: <https://fortress.wa.gov/dol/dsdiadr/> for instructions.

What you'll need:

- Washington State driver license or ID card.
- Social Security number - last 4 digits.
- Visa, MasterCard, or American Express.
- Adobe Reader to view and print your driving record.
- An email address and/or printer.

**Fees** – All driving records are \$13 each. It is non-refundable. Once you purchase it, it is available for 24 hours.



## Authorization to Release Information

Reference Policy 2410, Recruitment of Staff

To Whom It May Concern:

I \_\_\_\_\_ hereby authorize any Clallam County Fire District 3 officer or other authorized representative bearing this release, or a copy of it, to review information pertaining to my employment, military service, credit history, or education, including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary, medical, and credit records.

I hereby release you and your organization (including its officers and employees or related personnel, both individually and collectively) from any and all liability or damage of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Clallam County Fire District 3.

Consent is further granted to Clallam County Fire District 3 to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at Clallam County Fire District 3 headquarters, in Sequim, Washington.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Disclosure and Authorization for Consumer Reports**  
(Data based Records) 15 U.S.C. §1681b and 1681k  
(Revised 5/17/16)

**Disclosure:** In connection with my application for employment (including contract or volunteer services) or application for tenancy with Clallam County Fire District 3, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

**Authorization:** I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the abovementioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America (“Agency”), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company’s behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such 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 Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

**Washington Applicants:** I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I have read and understand this page: \_\_\_\_\_  
Applicant Initials



**Disclosure and Authorization for Consumer Reports**

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**Please complete all of the fields below:**

\_\_\_\_\_ I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b> (____ I do not have one)
<b>Social Security Number:</b>		<b>Date of Birth:</b>
<b>Email</b> (This is a required field):		
<b>Current Address:</b>		<b>Previous Address:</b>
Street:		Street:
Apt. or Unit #:		Apt. or Unit #:
City:	State:	Zip:
City:	State:	Zip:
Drivers License #:		State Issuing:
Former Name/Alias:		

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## A Summary of Your Rights Under the Fair Credit Reporting Act (Revised 5/17/16)

### Applicant Copy

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, write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552, or go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).**

- **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](http://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](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **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.

## Disclosure and Authorization for Consumer Reports

- **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.
- **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](http://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](http://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. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	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
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 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	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

**Disclosure and Authorization for Consumer Reports**

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<b>Type of Business:</b>	<b>Contact:</b>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE 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 or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

**Applicant Copy**