



Camano Island Fire & Rescue

Application Packet

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Please fill out all forms completely. Additional pages may be attached if necessary. Return completed application to the Administration Office with a copy of your **Washington State Driver's License and Resume**.

The Administration Office is open Monday – Friday from 8:00 am to 5:00 pm and is located at 811 N. Sunrise Blvd., Camano Island, WA 98282.

If you have any questions regarding the application packet please feel free to call Lisa Beckt, Finance/HR Manager, at 360.387.1512

CAMANO ISLAND FIRE & RESCUE

(Island County Fire District # One)

Herein after referred to as "The District"

EMPLOYMENT APPLICATION

| PERSONAL INFORMATION | | | | | |
|--|-----------------------------|-----------------|--|------------------|-------------------|
| Last Name | First | Middle | Date | | |
| Street Address | | | Home Phone: () | | |
| City, State, Zip Have you resided at this address at least 3 years? If no, give all prior addresses on supplement sheet. | | | Business Phone: () | | |
| Have you ever applied for employment with us? Yes No If yes: Month & Year _____ Location _____ | | | Social Security No. | | |
| Type of Work Desired: | | | Pay Expected: | | |
| Are you available for full time work? Yes No If not, what hours or schedule can you work? | | | You may need to work overtime will such a requirement create a problem for you? Yes No | | |
| Are you legally eligible for employment in the United States? Yes No If no, why? Reason: | | | When will you be available to begin work? | | |
| If under 18 years of age do you have a work permit? Yes No | | | | | |
| Any special training or skills (language, machine operation, etc.) | | | Email address: | | |
| How did you learn of this opening? | | | Do you have relations working for this agency? If yes, give name and location. | | |
| Have you ever worked for or are you acquainted with other employees from this district? If yes, please identify. Yes No Names: _____ Locations: _____ | | | | | |
| EDUCATION | | | | | |
| School | Name and Location of School | Course of Study | No. Of Yrs. Completed | Did you Graduate | Degree or Diploma |
| College | | | | | |
| High School | | | | | |
| Other | | | | | |

Membership in Professional/Civic Organizations or Military Experience
(Exclude those which may disclose your race, color, religion, or national origin.)

EMPLOYMENT HISTORY

When listing former employers, start with your most recent employer. (Additional sheets available.)

| | |
|---------------------------------------|---------------------------------------|
| 1. Company Name | Address |
| Telephone () | Employed (State Month & Year) From To |
| Name of Supervisor | Weekly Pay Start Last |
| State job title & describe your work. | Reason for leaving |
| 2. Company Name | Address |
| Telephone () | Employed (State Month & Year) From To |
| Name of Supervisor | Weekly Pay Start Last |
| State job title & describe your work. | Reason for leaving |
| 3. Company Name | Address |
| Telephone () | Employed (State Month & Year) From To |
| Name of Supervisor | Weekly Pay Start Last |
| State job title & describe your work. | Reason for leaving |

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

Do Not Contact Employer Number _____
Reason:

Have you ever been convicted of a crime? (An affirmative answer will not automatically disqualify you from being considered for employment.) Yes No If yes, list below:

| | | |
|---------------|----------------|--------------------|
| Name of Court | City and State | Date of Conviction |
| | | |

Details:

DRUG POLICY

It is the policy of the District to maintain a drug/alcohol free workplace. Employees who are observed in possession, using or under the influence of such substances (drugs/alcohol) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your supervisor and the EAP (Employee Assistance Program) or the Personnel Officer.

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of the District 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

NO EMPLOYMENT CONTRACT

I understand that if employed, I am employed AT WILL and that no contract between myself and the District is created, except the agreement on disputes below, by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing signed by the Board of Fire Commissioners. I reserve the right to terminate my employment at any time and the District has the same right at any time.

AGREEMENT ON CONDUCT AND DISPUTES

I agree to physical or other testing when such testing is part of a drug/alcohol testing program or reasonably necessary in determining job related abilities or reasonable expectation of successfully performing the job to the District’s standards. I agree to abide by District’s rules and policies including the prohibition against any form of sexual or other harassment of another employee or citizen. I agree to participate in Employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents including the policy statements.

Agreement to dispute resolution process and procedures of the District: In consideration for evaluating my application and/or providing me with employment, which I am seeking, desire to have and is of great value to me, I agree to resolve any manor of dispute that may arise between myself and the District through the Internal Grievance Procedures of District. I recognize by agreeing to have my claims processed through the Internal Grievance Procedure of the District I am relinquishing my rights to other forms of dispute resolution, including all forms of litigation. I consider the Internal Grievance Procedure to be faster and cheaper for me and I prefer it to other alternatives. I will be provided a copy of the Internal Grievance Procedure upon request and am fully aware of that process and agree to its use. _____ (Initial)

SIGNATURE AND ACKNOWLEDGMENT

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 full, 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.

Date:

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

AUTHORIZATION TO RELEASE INFORMATION

Print Name of Applicant

Date:

I authorize any person, corporation, company, agency, or other entity, whose name and address I provided in my application or other materials I have provided to the District, to release information.

AUTHORIZATION

I, the above-named applicant, the below-signed, do hereby authorize the receiving person, corporation, company or other entity to **FULLY AND COMPLETELY DISCLOSE** any and all facts regarding my employment, character, work habits, skills, or other employment related information requested by the District, or their agents, who bears this authorization and to whom I have provided your Name and Address as a reference.

RELEASE

In consideration for your valuable assistance to me in my application for employment, I, the above applicant, the below-signed, hereby **RELEASE AND HOLD HARMLESS** the recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of the District to whom I have made an Application of Employment and is the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy is by photo reproduction or an electronically transmitted facsimile. By my signature I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding my work history, performance, character, etc., or any entry on this application and other material I have provided.

If the District engages an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I will sign a separate disclosure statement if the District uses a consumer report for employment purposes.

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

Applicant's Signature:

Witness's Signature:

Witness's Address:

**FEDERAL CREDIT REPORTING ACT
DISCLOSURE AND RELEASE**

By this document, the District, discloses to you that a consumer and/or driver report, including an investigative consumer and/or driver report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the preemployment background investigation and at any time during your employment. I specifically acknowledge that the District may obtain information directly or indirectly regarding my current and past employment and/or driving records and who has requested my record as well as any information retained by insurance companies, government agencies, or private information services of all types. Information obtained may include my criminal records, any terminations of employment, as well as, the reason for the termination, performance and work history. Should an investigative consumer employment and/or driver report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act (FCRA).

I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY ANY CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to any reporting firm, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the firm has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from a reporting firm, of the District's choice, and I agree that such information which said firm has or obtains, and my employment history with other agencies, if I am hired, will be supplied by said firm to other companies which subscribe to that firm's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

RELEASE AND SIGNATURE

By signing below, I certify that I have read and fully understand this disclosure and release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. In consideration for providing information, I release and indemnify all information providers from all liability and I authorize any party, person or agent to release to DAC or any other consumer reporting firm any and all requested information.

Print Name:

SS No.

Signature:

Date:

FAIR CREDIT REPORTING ACT: NOTICE OF CONSUMER'S RIGHTS

The Federal Trade Commission (FTC) has prepared the following notice to help ensure compliance with the amended Fair Credit Reporting Act. THIS NOTICE MUST BE GIVEN TO AN APPLICANT OR EMPLOYEE BEFORE TAKING AN ADVERSE ACTION BASED ON A FCRA REPORT OR UPON REQUEST BY AN EMPLOYEE OR APPLICANT.

A Summary of Your Rights under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your files has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- ❑ **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- ❑ **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- ❑ **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- ❑ **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- ❑ **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

PLEASE CONTACT:

CRA's, creditors and others not listed below

Federal Trade Commission
 Consumer Response Center - FCRA
 Washington, DC 20580
 202-326-3761

National banks, federal branches/agencies of
 Foreign banks (word "National" or initials "N.A."
 appear in or after bank's name)

Office of the Comptroller of the Currency
 Compliance Management, Mail Stop 6-6
 Washington, DC 20219
 800-613-6743

Federal Reserve System member banks (except national
 banks, and federal branches / agencies of foreign banks)

Federal Reserve Board
 Division of Consumer & Community Affairs
 Washington, DC 20551
 202-452-3693

Savings associations and federally chartered savings
 banks (word "Federal" or initials "F.S.B." appear in
 federal institutions's name)

Office of Thrift Supervision
 Consumer Programs
 Washington, DC 20552
 800-842-6929

Federal credit unions (words "Federal Credit Union"
 appear in institution's name)

National Credit Union Administration
 1775 Duke Street
 Alexandria, VA 22314
 703-518-6360

State-chartered banks that are not members of the
Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface, or rail common carriers regulated by former
Civil Aeronautics Board or Interstate Commerce
Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards
Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051