

ORTING VALLEY FIRE AND RESCUE EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____

INSTRUCTIONS: Application must be completely filled out. Print or type an answer to every question. If a question does not apply to you, print or type "N/A". If the space provided is not sufficient, use a separate sheet preceding each answer with the question number. **DO NOT OMIT OR INCORRECTLY STATE MATERIAL FACTS.** The statements made on this application are subject to verification.

1. NAME			SOCIAL SECURITY # (Last 4 digits only)
Last	First	Middle	_____
NICKNAMES AND/OR OTHER NAMES USED BY APPLICANT			DRIVERS LICENSE NUMBER
_____			_____
_____			Home Phone: _____
_____			Cell Phone: _____
2. PRESENT ADDRESS		CITY, STATE, ZIP CODE	HOW LONG?
_____		_____	_____
List Previous Addresses (within last five (5) years)			
_____		_____	_____
_____		_____	_____
E-mail Address: _____			

3. LIST THREE (3) REFERENCES (other than relatives)	ADDRESS	DAY TIME PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEAMEANOR WITHIN THE LAST SEVEN (7) YEARS?

_____ YES _____ NO

IF YES, LIST DATE, PLACE AND DETAILS OF EACH INCIDENT. (A conviction record will not necessarily disqualify you from employment).

Date	City and State	Details - Charge and Disposition
_____	_____	_____
_____	_____	_____

5. DO YOU HAVE TRAFFIC INFRACTIONS (other than parking tickets) ON YOUR DRIVING RECORD WITHIN THE LAST FIVE (5) YEARS?

___ YES ___ NO If yes, please list details below.

Date City and State Infraction and Disposition

6. EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT JOB

LIST YOUR COMPLETE WORK HISTORY FOR THE PAST FIVE (5) YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. ALSO INCLUDE ALL PERIODS OF UNEMPLOYMENT, SCHOOLING, OR MILITARY SERVICE. THE COMPLETE ADDRESS AND PHONE NUMBER OF THE EMPLOYER MUST BE PROVIDED.

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

From: _____ Name of Employer _____ Address of Employer _____
To: _____

Job Title _____ Name of Supervisor _____ Name of Co-Worker _____

Phone _____ Description of Duties: _____

Salary: _____ Why did you leave? _____

From: _____ Name of Employer _____ Address of Employer _____
To: _____

Job Title _____ Name of Supervisor _____ Name of Co-Worker _____

Phone _____ Description of Duties: _____

Salary: _____ Why did you leave? _____

From: _____ Name of Employer _____ Address of Employer _____
To: _____

Job Title _____ Name of Supervisor _____ Name of Co-Worker _____

Phone _____ Description of Duties: _____

Salary: _____ Why did you leave? _____

7. EDUCATION

HIGH SCHOOL GRADUATE OR GED EQUIVALENT? YES NO
(Please attach copy of diploma/certificate)

HIGHER EDUCATION: LIST ALL COLLEGES OR UNIVERSITIES ATTENDED.
(Please attach copy of diploma/certificate and transcript)

Name	Location	Dates Attended	Years Completed	Graduated

8. MILITARY SERVICE

HAVE YOU SERVED IN THE MILITARY SERVICE OF THE UNITED STATES? YES NO
IF YES, LIST BRANCH OF SERVICE, DATES, AND JOB-RELATED TRAINING AND/OR EXPERIENCE GAINED.

Branch of Service	Dates	Training/Experience

9. ADDITIONAL INFORMATION AND REMARKS

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY ADVERSELY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO PERFORM, OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? IF YES, PLEASE GIVE DETAILS: _____

10. HAVE YOU EVER BEEN REJECTED FOR A POSITION WITH ANY OTHER FIRE DEPARTMENT OR LAW ENFORCEMENT AGENCY?

YES NO

IF YES, PLEASE GIVE DETAILS: _____

11. EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

HOW DID YOU LEARN OF POSITION OPENING? _____

Are you claiming Veterans Preference? ____ Yes ____ No If so, you must attach a copy of your DD214 to this application. Veterans will be accorded a credit as provided by RCW 41.04.010. In order to be eligible, you must be a veteran as defined in RCW 41.04.005, and claim preference within fifteen (15) years of the date of release from active service.

DECLARATION: I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the above entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations, falsifications or if any material information has been omitted.

Signature of Applicant

Date

**ORTING VALLEY FIRE AND RESCUE
IS AN EQUAL OPPORTUNITY EMPLOYER
www.ovfr.org**

P.O. Box 1308, Snohomish, WA 98291
Phone: (888) 443-0135 // Fax: (888) 226-6952
Web: www.dataquestllc.com

Company: _____

Applicant Name: _____			
Last	First	Middle	
List additional AKA/Alias names used in the LAST 7 YEARS: _____			
Date of Birth*: _____		Social Security #: _____	
(*Used for identification purposes only)			
Driver's License#: _____		State Issued: _____	Expires: _____
*** Please list addresses used during the LAST 7 YEARS ***			
Current Address: _____			
(Complete Address Required)	City	State	Zip Code
Previous Address: _____			
Street Address	City	State	Zip Code
Previous Address: _____			
Street Address	City	State	Zip Code
Previous Address: _____			
Street Address	City	State	Zip Code

By signing below, I acknowledge receipt of the Background Check Disclosure ("Disclosure") that accompanies this Background Check Authorization ("Authorization"). I authorize the company named above (the "Company") to obtain consumer reports and/or investigative consumer reports on me for employment purposes as set forth in the Disclosure. I also authorize DataQuest, LLC ("DataQuest") to procure all reports, records, verifications or other information necessary to complete the background check and to furnish the information to the Company. I certify that all information I supply on this Authorization and on any supplemental page(s) is true and correct. I understand that providing fraudulent or misleading information on this Authorization may be grounds for denial of employment, contract for services or volunteer position by the Company or for discharge by the Company. This Authorization shall be valid upon the Company's receipt of my signed Authorization, and, if applicable, at any time during the course of my employment, contract for services or volunteer position with the Company. I authorize the Company, if the Company places workers with other employers, to share any consumer reports or investigative consumer reports with any employer where the Company may attempt to place me to work. I agree that a facsimile or copy of this Authorization form, or electronic signature obtained specifically through DataQuest's authorized electronic signature program, shall be valid as an original.

I understand drug/substance abuse testing may be a requirement for the position for which I am applying or for my current position. If required by the Company, I hereby authorize any laboratory, health care clinic, hospital or qualified medical professional coordinated by DataQuest to conduct such testing and to release the results to DataQuest and/or the party with which DataQuest may contract to arrange for such testing. I also authorize DataQuest to provide those results to the Company. I understand that the results of my drug/substance abuse test may be provided to and reviewed by a medical review officer (MRO) before being released to DataQuest and the Company, and that the MRO may discuss the results of the test with me and ask about medical information specifically related to the test. I understand that when this review is complete, only the drug/substance test results will be provided by the MRO to DataQuest and the Company, and that no other medical information about me will be disclosed.

California Applicants or Employees Only: By signing below, I acknowledge receipt of "Notice to California Applicants." Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have the right to receive such a copy under California Law.

New York Applicants or Employees Only: By signing below, I acknowledge receipt of a copy of Article 23-A of New York Correction Law. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Maine Applicants or Employees Only: You have the right to request and promptly receive a copy of any investigative consumer report obtained by the Company. If you wish to receive a copy of any such investigative consumer report, please contact DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

You may have additional rights under your applicable state law, and you may wish to contact your state or local consumer protection agency or a state attorney general (or the equivalent) to learn about those rights.

Applicant Signature: _____ Date: _____

BACKGROUND CHECK DISCLOSURE

Pursuant to the federal Fair Credit Reporting Act ("FCRA") and its applicable state counterparts, _____ (the "Company") may obtain consumer reports or investigative consumer reports on you for employment purposes in connection with your employment, potential employment, contract for services, volunteer position or other employment-related purpose. The Company may procure consumer reports on you both in connection with your application, and, if applicable, at any time during the course of your employment, contract for services or volunteer position with the Company. Consumer reports are written, oral or other communications that bear on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that are used (or expected to be used) as a factor in establishing eligibility for employment purposes. "Investigative consumer reports"* are consumer reports (or portions of consumer reports) in which information is obtained through personal interviews with your neighbors, friends, associates or acquaintances, and are commonly obtained in connection with education or employment reference checks. *In California, an "investigative consumer report" means any consumer report that is not a credit report.

Consumer reports may include items such as employment verifications, education verifications, credit history, driving records, criminal history, motor vehicle records, licensures, certifications, social security number verification, drug testing results or other information obtained through background check services. The information may be obtained from private and public record sources, including personal interviews with your neighbors, friends, associates or acquaintances.

You may find a "A Summary of Your Rights under the Fair Credit Reporting Act" at: <http://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

The name of the consumer reporting agency from whom the Company may procure consumer reports or investigative consumer reports is DataQuest, LLC ("DataQuest"), P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135. Please direct all inquiries to DataQuest.

You have the right to dispute incomplete or inaccurate information in your consumer report. You have the right, for a reasonable time after receipt of this notice, to make a written request to DataQuest for a complete and accurate disclosure of the nature and scope of the investigation requested by the Company, as well as to receive a written summary of your rights and remedies under the law.

You may find information about DataQuest's privacy practices, including whether your personal information will be sent to third parties outside the United States or its territories, as well as information concerning contact information for DataQuest's representatives who can assist you with additional information regarding DataQuest's privacy practices in the event of a compromise of your information, on DataQuest's website, www.dataquestllc.com.

Please sign below to acknowledge your receipt of this Background Check Disclosure.

Signature: _____

Date: _____

Printed Name: _____