



**Jefferson County Fire  
Protection District No. 2**

# EMPLOYMENT APPLICATION

## Quilcene Fire Rescue

70 Herbert Street ■ PO Box 433  
Quilcene, Washington 98376  
360-765-3333 / Fax: 360-765-0133

*Applicants will be contacted for interview and further evaluation following the initial review. If you are selected to continue in the process and require special accommodations due to impairment or disability, please notify the District.*

**For questions regarding the application process contact the Fire Chief at 360-765-3333 ext. 201 or via email at: [chief@qfr2.org](mailto:chief@qfr2.org)**

**COMPLETE THE FOLLOWING INFORMATION COMPLETELY AND ACCURATELY. TYPE OR PRINT LEGIBLY.**

APPLICANT'S NAME: (Last) (First) (Middle)	HOME PHONE NUMBER:
MAILING ADDRESS: (Number and Street) (City, State, ZIP)	CELL PHONE NUMBER:
RESIDENCE ADDRESS: (If different from above)	HOW LONG AT THIS ADDRESS?
EMAIL ADDRESS:	

POSITION YOU ARE APPLYING FOR:

### GENERAL:

**CIRCLE ONE**

Are you a U.S. Citizen, or do you have a Visa permitting you to work in the United States?	YES	NO
Are you at least 18 years of age or older? If not, provide date of birth (MM/DD/YYYY) _____	YES	NO
Do you have, or can you obtain, a valid Washington State Driver's License?	YES	NO
Do you wish to claim Veteran's Preference?	YES	NO
Have you been convicted of a felony offense? Or, have you been convicted of a misdemeanor offense, other than a minor traffic offense, within the past three (3) years? If "YES" explain below:	YES	NO

*Quilcene Fire Rescue is mindful of its obligation to select qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to job performance. A conviction record will not disqualify you from employment unless such record would reasonably affect your fitness for the position for which you have applied.*

Do you have any relatives who work or volunteer for Quilcene Fire Rescue? If **“YES”** explain below:      YES      NO

**EDUCATION:**

Circle the highest grade completed:    6   7   8   9   10   11   12      High School Diploma?      YES      NO

If you did not complete high school, do you have a high school equivalency diploma or G.E.D.?      YES      NO

Circle the number of years of post-secondary education:    1   2   3   4   5   6   7

Name & Location of Post-Secondary Institution Attended	Units Completed	Dates Attended	Course of Study	Degree, Diploma, or Certificate Obtained

List all valid licenses/certificates of professional/vocational competence relevant to the position for which you are applying:

License/Certificate	Awarded By	License/Certificate #	Expiration Date

**WORK HISTORY:**

Beginning with your present or most recent employment, list your work experience/history for the last ten (10) years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets if necessary. Be sure to include any volunteer experience related to the position for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you from moving forward in the process

If you have been known by a different name by any of these employers, please identify the employer and state the name here:

From:	To:	Job Title:	Hours/Week
Name of Company or Organization:			
Address:			
Name of Supervisor:		Supervisor Contact Number:	
Duties:			
Reason for Leaving:			
From:	To:	Job Title:	Hours/Week
Name of Company or Organization:			
Address:			
Name of Supervisor:		Supervisor Contact Number:	
Duties:			
Reason for Leaving:			
From:	To:	Job Title:	Hours/Week
Name of Company or Organization:			
Address:			
Name of Supervisor:		Supervisor Contact Number:	
Duties:			
Reason for Leaving:			

From:	To:	Job Title:	Hours/Week
Name of Company or Organization:			
Address:			
Name of Supervisor:		Supervisor Contact Number:	
Duties:			
Reason for Leaving:			
From:	To:	Job Title:	Hours/Week
Name of Company or Organization:			
Address:			
Name of Supervisor:		Supervisor Contact Number:	
Duties:			
Reason for Leaving:			
From:	To:	Job Title:	Hours/Week
Name of Company or Organization:			
Address:			
Name of Supervisor:		Supervisor Contact Number:	
Duties:			
Reason for Leaving:			

**REFERENCES:**

Please List three (3) professional references that have knowledge of your qualifications

Name:	Address:	Phone:	Relationship:

**MISCELLANEOUS:**

When are you available to begin with Quilcene Fire Rescue?

How did you hear about this opportunity?

**NOTICES:**

Quilcene Fire Rescue (QFR) is an equal opportunity agency. QFR maintains policies of non-discrimination with applicants. QFR will not unlawfully discriminate in any aspect of employment based on race, color, creed, religion, national origin, sexual orientation, age, marital status, pregnancy, disability or status as disabled veteran or Vietnam era veteran, or any other basis prohibited by law. QFR will accommodate applicants and employees as required by law. QFR is a smoke and drug free workplace. You may be required to complete a drug test prior to employment.

**SERVICE WITH QUILCENE FIRE RESCUE IS A SAFETY SENSITIVE POSITION FOR WHICH IMPAIRMENT WHILE WORKING PRESENTS A SUBSTANTIAL RISK OF DEATH.**

**CERTIFICATION:**

I hereby certify that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after membership. I have read the job description and I am able to perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that acceptance of an offer of employment does not create a contractual obligation upon QFR to continue to retain me in the future. For determination of my employment eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize QFR to rely upon and use, as it sees fit, any of the information received.

**Print Name:****Signature:****Date:****COMPLETION INSTRUCTIONS**

COMPLETE PAGES 1 THROUGH 8. KEEP PAGES 9 AND 10 (MARKED 'APPLICANT COPY') FOR YOUR RECORDS.  
RETURN COMPLETED APPLICATION PACKET TO:

**Via US Mail:**

Quilcene Fire Rescue  
Attn: Fire Chief  
P.O. Box 433  
Quilcene, WA 98376

**In Person:**

Quilcene Fire Station 21  
70 Herbert Street  
Quilcene, WA 98376



# APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I certify that the information given by me to Quilcene Fire Rescue is true and complete to the best of my knowledge. I understand that, if accepted, my providing false or misleading information may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Quilcene Fire Rescue interest or those of its clients, nor will I become engaged in such activity or business if accepted.

I, the undersigned applicant for employment with Quilcene Fire Rescue, in consideration of the review of my employment application, do authorize Quilcene Fire Rescue to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of furnishing such information. If employed, I release Quilcene Fire Rescue from any liability for future references it may provide regarding my employment with Quilcene Fire Rescue. Pursuant to RCW 43.43.834, background checks are available to the applicant upon request.

It is my intention that any copy of this authorization be as effective as the original.

<b>Print Name:</b>	<b>Signature:</b>	<b>Date:</b>



**Disclosure And Authorization For Consumer Reports**

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with QUILCENE FIRE RESCUE, at \_\_\_\_\_, 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)

I have read and I understand this page.

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_____ Applicant Initials
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**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I

have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**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.

**Please complete all of the fields below. Write legibly!**

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

Last Name:		First Name:		Middle Name:	
				Check box if you do not have a middle name. <input type="checkbox"/>	
Social Security #:			Date of Birth:		
Email: (This is a required Field)					
Current Address:			Previous Address:		
Street:			Street:		
Apt or Unit #:			Apt or Unit #:		
City:		State:	City:		State: Zip:
Drivers License #:			State Issuing:		
Former Name/Alias:					

X \_\_\_\_\_

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

Applicant Signature



*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

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](http://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](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 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](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 1-888-5678688.
- **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).

**Applicant copy – keep this page for your records.**

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.            b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>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</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            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</p>	<p>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</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings            Department of Transportation            400 Seventh Street SW            Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board            Department of Transportation            1925 K Street NW            Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access            United States Small Business Administration            406 Third Street, SW, 8th Floor            Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access            United States Small Business Administration            406 Third Street, SW, 8th Floor            Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission            100 F St NE 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>

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