



Candidates,

Please return this cover page with application.

Full Name: \_\_\_\_\_

Volunteer/Part-Paid Position:

- ☐ Firefighter & Emergency Medical Service
- ☐ Firefighter Only
- ☐ Tender Operator
- ☐ Emergency Medical Service Only
- ☐ Support Service

**All items below need to be completed and returned to Station 31. 10 S. Presley Dr. Cheney, WA 99004.**

- ☐ Cover Page
- ☐ Application
- ☐ Driving Record Release
- ☐ Authorization for Background Check
- ☐ Background Investigation Disclosure
- ☐ Copy of Driver's License
- ☐ Copy of Social Security Card

**If you have previous Firefighter/EMS experience please provide copies of certifications.**

- ☐ Course Completions (EMS, Wildland, Fire, Structure, Hazmat)
- ☐ Course Certifications
- ☐ State EMS license
- ☐ Current First Aid CPR Card
- ☐ Previous Training Records
- ☐ Wildland Red Card (IQS, IQCS)

**Official Use:**

*Date completed application received* \_\_\_\_\_

**Spokane County Fire Protection District 3**  
**Application for Membership**

Date Received \_\_\_\_\_

Please **print** clearly - Use other side if necessary

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Message/Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Clothing Size:**

Shirt: \_\_\_\_\_ Pant: \_\_\_\_\_ Jacket: \_\_\_\_\_

**Medical Emergency:**

In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

List allergies or conditions that could affect emergency treatment:

\_\_\_\_\_

List Physical restrictions that could limit effectiveness as a firefighter:

\_\_\_\_\_

**Legal:**

Have you been convicted of any crime (felony or misdemeanor)? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you received any moving traffic violations in the last 3 years? If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

**Employment History: (List 3)**

Current Employer \_\_\_\_\_ Normal Hours \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Length of employment \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Length of Employment \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

**Education:**

Name of High School attended \_\_\_\_\_

Graduated? \_\_\_\_\_

Name of College attended \_\_\_\_\_

Graduated? \_\_\_\_\_ Major \_\_\_\_\_

**References: (List 3 non-family members)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Have you completed a basic entry-level firefighter course? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you completed any wildland firefighter course? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have current EMS certification? \_\_\_\_\_ YES \_\_\_\_\_ NO

What certification \_\_\_\_\_ Sponsor Agency \_\_\_\_\_

**Please include copies of certificates or documentation.**

**Please attach copies of your driver's license and social security card.**

I understand that any information contained within this application may be verified and that all information obtained as a result of this application is confidential and will be used only for the purpose of determining membership. I understand that if I am accepted by Fire District 3 I may be subjected to drug and/or alcohol testing and/or physical examinations. I agree to keep Fire District 3 informed as to any changes of the information contained in this application (change of address, phone, convictions, traffic violations, etc.) I also understand that false statements or omissions of information will make this application void and may terminate my membership.

Date \_\_\_\_\_ Signed \_\_\_\_\_



## SPOKANE COUNTY FIRE DISTRICT #3

### 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 Spokane County Fire District 3 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](http://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.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** 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.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer. ☐

### 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.



## SPOKANE COUNTY FIRE DISTRICT #3

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### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Spokane County Fire District #3 ("the Company") 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](http://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: \_\_\_\_\_

## Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company**—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;"><b>X</b></p>	
Date and place (city or county) signed	Authorized representative signature

**Employee, prospective employee, or volunteer**—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;"><b>X</b></p>		
Signature		Date