

SPOKANE COUNTY FIRE DISTRICT 4 Special Support Services Application

315 E Crawford St. PO Box 1549 Deer Park WA 99006 (509) 467-4500 • (509) 467-6032 Fax

Date:	
PERSONAL	
Name:	
Address:	
Telephone Number: Home Work Cell E-Mail Address: Social Security Number	
Washington State Driver's License Number:	
Restrictions or Endorsements:	
Traffic Citations in Last 3 years:	
Felony Convictions in Last 7 years:	
Such convictions may be relevant if job related, but does not bar you from becoming a member this organization.	er of
EDUCATION	
High School Graduate: yes no GED	
College (mark highest year completed) 1 2 3 4 higher	
Area(a) of Study:	

EMERGENCY NOTIFICATION

In case of an emergency notify:	
Relationship:	
Address:	_Phone Number
Physician:	_Phone Number
Blood Type: Allergies:	
Physical Restrictions, disabilities, or limitations	S:
Such restrictions may be relevant if job related, but doe this organization	
PRESENT EMPLOYMENT	
Employer:	Phone Number
Occupation:Ye	ars There: Shift:
REFERENCES	
1 Name:	
Address:	Phone Number
2 Name:	
Address:	
CERTIFICATION	
I hereby certify that the answers given in this a the best of my knowledge.	pplication are true and correct to
Applicant Signature	

BACKGROUND CHECK DISCLOSURE

Pursuant to the federal Fair Credit Reporting Act ("FCRA") and its applicable state counterparts,
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:



AUTHORIZATION FORM

P.O. Box 1308, Snoho Phone: (888) 443-0135 Web: <u>www.dataquestl</u>	5 // Fax: (888) 226-6952		Company:	
Applicant Name:	Last	First		Middle
List additional AKA/Alias	names used in the LAST 7 YEARS:			
Date of Birth*:	ted for identification purposes only)	Social Security #:		
Driver's License#:			State Issued:	Expires:
Current Address:		resses used during the	LAST 7 YEARS ***	Zip Code
Previous Address:		City	State	Zip Code
Previous Address:	Street Address	City	State	Zip Code
Previous Address:	Street Address	City	State	Zip Code
("Authorization"). I aut for employment purpose other information neces on this Authorization ar Authorization may be grant This Authorization shall employment, contract femployers, to share any	nowledge receipt of the Background of thorize the company named above (these as set forth in the Disclosure. I also sary to complete the background cheer and on any supplemental page(s) is true rounds for denial of employment, contil be valid upon the Company's receiptor services or volunteer position with consumer reports or investigative control or copy of this Authorization form, the valid as an original.	ne "Company") to obtain authorize DataQuest, LL ck and to furnish the infor- e and correct. I understa tract for services or volum- pt of my signed Authoriza th the Company. I autho- assumer reports with any e	consumer reports and/or investig C ("DataQuest") to procure all remation to the Company. I certined that providing fraudulent or atterposition by the Company or eation, and, if applicable, at any rize the Company, if the Company may be company where the Company may be considered to the company of the company may be considered to the company of the company of the company may be considered to the company of th	gative consumer reports on me coports, records, verifications or fy that all information I supply misleading information on this for discharge by the Company. time during the course of my any places workers with other by attempt to place me to work.

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:
{CAS1274111.DOCX;3/11336.020002/} DataQuest Disclosure & Authorization Forms Rev: 20150217	

SPOKANE COUNTY FIRE DISTRICT #4

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Spokane County Fire District 4 to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for or which I may be engaged. I further acknowledge and agree that the District may:

- A. Contact my present or former employers.
- B. Confirm the status of my driver's license and driving record.
- C. Inquire into any criminal convictions on my record.
- D. Contact any personal references provided.
- E. Verify my educational background and training.

I specifically authorize any person, firm, or corporation contacted by Spokane County Fire District 4 to release any of the above records to the District and waive any privilege of confidentiality I may have with respects to said records.

Dated this	day of	_	 _, 20
Place of Birth:			
Date of Birth:			
Social Security Num	nber:		 -
Full Name printed:_			
Signature:			