

**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 \_\_\_\_\_

**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 Prospective Firefighter Survey.**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Number of years in local area: \_\_\_\_\_

1. Are you willing to put in 200 hours of structural, wildland and emergency medical training to be offered over a 12 month period through classroom, online and practical skills??

Yes \_\_\_\_\_

No \_\_\_\_\_

2. What time of day would you be available to respond to alarms? (Please do not include the time you are at work unless you are able to leave work and it is close to the station.) \_\_\_\_\_

\_\_\_\_\_

3. Are you willing to attend 4 – 6 hours a month of continuation training?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. What is the closest fire district 3 station to your residence?

5. Do you feel you are physically capable of performing the duties of a firefighter?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. Do you have any previous firefighting/EMS experience? If so please attach certificates.

Yes \_\_\_\_\_

No \_\_\_\_\_

7. Do you have any other special training that you feel would be of value in the fire service, i.e., medical training, commercial drivers licenses, rescue training, etc?

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8. Why do you want to be a volunteer firefighter?

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9. How long are you planning on being in the area?

10. Will you be around the area during the summer months?

**2. Personal Data Questions**

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice have reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**"Currently"** means within the past two years.

**"Chemical substances"** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**"Currently"** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction?.....

**Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

6. Have you ever been found in any civil, administrative or criminal proceeding to have:  
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?.....

b. Diverted controlled substances or legend drugs?.....

c. Violated any drug law?.....

d. Prescribed controlled substances for yourself?.....

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach explanation and provide copies of all judgments, decisions, and agreements?.....

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?.....

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?.....

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?.....



## Driving Record Request

Use this form to request a **driving record**. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and **\$13 for each record requested** in a check or money order payable to the Department of Licensing to:

**Driver Records**  
**Department of Licensing**  
**PO Box 3907**  
**Seattle, WA 98124-3907**

For validation only

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

### Requestor information

PRINT or TYPE Requestor name		(Area code) Daytime telephone number
Name of individual or company where you want the drive record(s) sent		
How would you like the driving record(s) sent to you? <i>(Choose one)</i>	Delivery information (Email, [Area code] Fax number, or Mailing address)	
<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		
*You may select U.S. mail <b>only</b> if you are requesting one driver record.		
<i>I certify under penalty of perjury I am entitled by federal or state laws to obtain an abstract of the driver record of the individual(s) requested. RCW 46.52.130, 18 USC Chapter 123</i>		
Date and place signed _____		<b>X</b> Signature _____

### Drive record(s) requested

PRINT or TYPE Name <i>(Last, First, Middle Initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Type of record requested <i>(select all that apply)</i> Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:		
<input type="checkbox"/> <b>Noncommercial insurance record (3 year)</b> —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> <b>Commercial insurance record (3 year)</b> —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> <b>Life insurance record (3 year)</b> —Used to create and renew life insurance policies.		
<input type="checkbox"/> <b>Employment record</b> —Used by employers to determine employment eligibility.		
<input type="checkbox"/> <b>Volunteer/ Transit record</b> —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> <b>School bus driver record</b> —Used to determine if a person should be employed to operate a school bus.		
Bill and mail this request to school district _____		
School district authorization _____ Requestor code _____		
<input type="checkbox"/> <b>Complete record</b> —A complete driving record of the person named on the driving record.		

If requesting additional records, attach separate sheet(s) using the same format as above. Submit \$13 for each record requested.  
 NOTE: We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.



**DISCLOSURE AND RELEASE FORM**

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Spokane County Fire District 3, at 10 S. Presley.Dr. Cheney, WA 99004, consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics, may be obtained.

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

I have the right to make a request to the consumer reporting agency: **Background Screeners of America**, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; telephone (866) 570-4949 (“Agency”), 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 agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any 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 your obtaining the above information from the agency. You may view their privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

I hereby authorize procurement of consumer report(s) and investigative 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.

**California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.**

**Notice to California Applicants:**

You 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 your file for your review. You may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. You can have someone accompany you to the Agency’s offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

**Notice to New York Applicants:**

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ . (NY Applicant Initials)

I have read and I understand this page.



Initials

I acknowledge I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

<b>NAME: Last</b>		<b>First</b>	<b>Middle</b>
<b>Social Security #</b>		<b>Date of Birth</b>	
<b>Email</b>			
<b>Current Address:</b>		<b>Previous Address:</b>	
Street 1 Apt or Unit # City ST Zip		Street 1 Apt or Unit # City ST Zip	
<b>Drivers Lic. #</b>		<b>State Issuing</b>	
<b>Alias or Maiden Names Used:</b>			

**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 1-888-567-8688.
- **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**

**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>Nearest Packers and Stockyards Administration area supervisor</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>

**Applicant Copy**