



# North Whidbey Fire & Rescue

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you able to work in the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a YES ☐ NO ☐

felony? If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### References

Please list three professional references.

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**North Whidbey Fire & Rescue**  
770 NE Midway Blvd, Suite 201  
Oak Harbor, WA 98277  
360-675-1131 ph / 360-675-0762 fax  
www.nwfr.org



### **WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

*This document affects your legal rights. Read carefully before signing.*

To Whom It May Concern:

I, \_\_\_\_\_, authorize you to furnish NORTH WHIDBEY FIRE & RESCUE any and all information that you have concerning me, including without limitation my work records, my reputation, my medical records, my psychological testing and analysis plus recommendations, my military service records, my educational background and records, and such other information and records that you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to NORTH WHIDBEY FIRE & RESCUE or its agencies. Your reply will be used to assist NORTH WHIDBEY FIRE & RESCUE or its agencies in determining my qualifications and fitness for a position I am seeking with NORTH WHIDBEY FIRE & RESCUE.

I understand my right to request access to any records relating to me pursuant to 4 U.S. Code 522 et seq., the Privacy Act of 1974, the Freedom of Information Act, and RCW 42.17 et seq., and specifically WAIVE those rights, understanding that the information furnished will be used by NORTH WHIDBEY FIRE & RESCUE in conjunction with employment procedures. I further acknowledge that I have at all times had the right to seek assistance of counsel regarding my making the free and knowing waiver of my rights. I will make NO ATTEMPT to gain access to the information provided by you to NORTH WHIDBEY FIRE & RESCUE in conjunction with this employment process.

**Further, I DO HEREBY RELEASE YOU, your organization, your agents, and others from any liability or damage which may result from furnishing information to NORTH WHIDBEY FIRE & RESCUE pursuant to this waiver and authorization to release information.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form in your files.



## 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 two 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 certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p>_____</p> <p>Date and place signed</p>	<p style="text-align: center;"><b>X</b></p> <p>_____</p> <p>Authorized representative signature</p>

### Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	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><b>X</b></p> <p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>

# RELEASE AUTHORIZATION

In connection with my application for employment and/or continued employment and/or contract employment with North Whidbey Fire and Rescue, I understand that an investigate consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that North Whidbey Fire and Rescue may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history and criminal history from various states, insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state law.

*I herby authorize, without reservation, any lawful enforcement agency, administrator, state agency, institution, information service bureau, employer or insurance company contacted by ORCA Information, Inc to furnish the above mentioned information.*

I further acknowledge that a email, fax or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer form a consumer-reporting agency. If so, I will be advised and be given the name of the agency or source of information.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**The following must be completed for your application can be considered.**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Current Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Driver's License Number &amp; Sate</b>
<b>Other Names Used:</b>	<b>Other States and Counties lived in:</b> <b>State:</b> <b>County:</b> <b>Zip:</b> <b>From: (Year)</b> <b>To: (Year)</b>			
	<b>State:</b> <b>County:</b> <b>Zip:</b> <b>From: (Year)</b> <b>To: (Year)</b>			
	<b>State:</b> <b>County:</b> <b>Zip:</b> <b>From: (Year)</b> <b>To: (Year)</b>			

Have you ever been charged or convicted of a crime? ☒ YES ☐ NO

If you answered yes, please explain:

The above information is to be used for identification and investigative purposes only.

This information is being verified by ORCA Information, Inc. any information or questions should be directed to the following address:

ORCA Information, Inc.  
P.O. Box 277  
Anacortes, WA 98221  
Phone: (800)341-0022  
Fax: (800)522-6722