



# Polk County Fire District No. 1 Employment Application

This Application is active for 365 days



PLEASE PRINT LEGIBLY OR TYPE

The Polk County Fire District No. 1 is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, natural origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law.

### Instructions

Answer each question fully and accurately. If you need additional space, continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employment status sought: Full Time  Part-time  Temporary  Volunteer

When are you available for employment? \_\_\_\_\_

**NAME** \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

**ADDRESS** \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

May we contact you at work? Yes  No  Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

Have you possessed a Driver's license for the last three years? Yes  No

Are you at least 18 years of age? Yes  No

Do you have any physical limitations which would prevent or impair performance of the job which you are applying? Yes  No

Would you take a physical examination if it is required for the job which you are applying?  
 Yes  No

Are you now, or do you expect to be engaged in any other business or employment while occupying this position? Yes  No

If yes, explain

\_\_\_\_\_

Have you ever applied at Polk County Fire District No. 1 before?

Yes  No

If yes, when? \_\_\_\_\_

## EMPLOYMENT HISTORY

List names of employers in consecutive order with present listed first. Account for periods of time including military service and any periods of unemployment. If self employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). PLEASE GIVE MONTH AND YEAR.

**Employer/Company** \_\_\_\_\_

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

Immediate Supervisor and Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

*May we contact this employer? Yes  No* Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer/Company** \_\_\_\_\_

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

Immediate Supervisor and Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

*May we contact this employer? Yes  No* Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer/Company** \_\_\_\_\_

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

Immediate Supervisor and Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

*May we contact this employer? Yes  No* Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer/Company** \_\_\_\_\_

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

Immediate Supervisor and Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

*May we contact this employer? Yes  No* Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION**

Do you have a high school diploma? Yes  No

If yes, \_\_\_\_\_  
                                     School name                                      Address                                      Year Graduated

If no, do you have a GED? Yes  No

If yes, when and where did you receive it? \_\_\_\_\_

**COLLEGE**

	<b>INSTITUTION</b>	<b>ADDRESS</b>	<b>DATES</b>	<b>MAJOR/DEGREE</b>
1.				
2.				
3.				
4.				

Additional Educational and/or Vocational or Technical Training Information:

School: \_\_\_\_\_  
 Courses Taken: \_\_\_\_\_ Courses Completed: \_\_\_\_\_

School: \_\_\_\_\_  
 Courses Taken: \_\_\_\_\_ Courses Completed: \_\_\_\_\_

School: \_\_\_\_\_  
 Courses Taken: \_\_\_\_\_ Courses Completed: \_\_\_\_\_

**QUALIFICATIONS/MAJOR SKILLS**

Please list all training, skills or experience you feel relates to the position(s) applied for that would help you perform the work, such as projects, licenses, certifications, vocational or technical programs, military training, hobbies, etc.

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## REFERENCES

Please provide at least three personal references, not relatives or former employers

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

As a condition of employment, you will be required to provide original documents establishing you identity and authorization to work, and if necessary, to complete the U.S. Immigration and Naturalization Form I-9.

## AFFIDAVIT AND AUTHORIZATION TO INVESTIGATE

I certify that the answers and information given herein are true and complete to the best of my knowledge. I attest that all attachments to the application are true. I agree that Polk County Fire District No. 1 shall not be liable in any respect if employment is denied me or if employment is terminated because of false, incomplete or misleading information in my application or interview(s). I also authorize the companies, schools or persons named above to release to Polk County Fire District No. 1 all information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that nothing contained in this employment application or in granting of an interview creates a contract between Polk County Fire District No. 1 and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Polk County Fire District No. 1. If an employment relationship is established, I understand that unless specifically limited in a formally executed contract, I have the right to terminate employment at any time and for any reason and the company retains a similar right.

I agree that if I am accepted I may be asked to undergo a physical exam by a medical professional selected by the employer and a pass/fail physical agility test. The medical examination will include drug testing. I understand that any of the following may be cause for the discontinuing of my employment: 1.) results of the medical examination that identify positive results in drug testing or discloses physical conditions which will prevent my functioning as a Fire Fighter/Paramedic, and 2.) my failure to successfully complete the physical agility test. I consent to the release to the Employer any and all medical information as may be deemed necessary by the employer in judging my capability to perform the work for which I have applied.

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

# Disclosure and Authorization Release Form

Prospective Employer (Company): \_\_\_\_\_

Applicant's Full Name (Print): \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

Previous Name Used: \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

(Only if MVR is required)

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(For Verification Only) Month Day Year

Current Address: \_\_\_\_\_  
Street Address (Apt.)  
City State Zip Code

## DISCLOSURE

("Company") may obtain information about you from Bio-Med/ClearStar Logistics, Inc., PO Box 1003, Cumming, GA 30028, 877-796-2559, or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of "A Summary of Your Rights Under the FCRA," and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual's character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer, coworker, supervisor, or customer.

**Oregon residents only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.

**Washington State residents only:** You 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.

**California residents only:** By signing, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND

**Upon completion please email document to [backgrounds@bio-medtesting.com](mailto:backgrounds@bio-medtesting.com)**

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

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



3110 25<sup>th</sup> Street SE  
Salem, OR 97302  
Phone: 503-585-6654  
[www.bio-medtesting.com](http://www.bio-medtesting.com)

## 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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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 1-888-5-OPTOUT (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.ftc.gov/credit](http://www.ftc.gov/credit).
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**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. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "NA." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

- 1 Applicability.
- 2 Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.
- 3 Factors to be considered concerning a previous criminal conviction; presumption.
- 4 Written statement upon denial of license or employment.
- 5 Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed bylaw, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law