

APPLICATION PACKET TRACKING



APPLICATION PICKUP / DOWNLOAD DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____

BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

For Office Use Only:

Packet Return Date: _____

Complete	Action
	Email / Application forwarded to Asst. Fire Chief
	Copy of ODL Attached
	Copy of proof of auto insurance Attached
	Background form attached

Dear Applicant,

Thank you for your interest in becoming a support service member for the La Pine Rural Fire Protection District (hereafter La Pine Fire District)

La Pine Fire District covers approximately 100 square miles with an ambulance service area of approximately 800 square miles. Services are provided out of 3 stations located throughout the District by 22 career firefighting staff, 3 office personnel, 6-12 reserve college students, two command staff and our support services team.

As a member of the Support Staff you will participate in non-emergency activities including planning, scheduling and delivering fire prevention education to the community through a variety of methods, support for emergency responding personnel, and other non-emergency department and community activities as assigned. The Support Staff does not work in an emergency hazard zone.

Additional activities throughout the year give members the opportunity to participate in events of a less serious nature. These include and are not limited to parades, rodeos, health fairs, and other holiday functions.

To prepare our personnel to provide public education and support to our firefighting staff, the District provides training and educational opportunities to carry out their duties.

In order to get started in the world of volunteering with La Pine Fire District, you must complete the following:

1. Fill out and return the attached application and background authorization form.
 - a. Applicant must reside within the La Pine Fire District
 - b. Be at least 18 years of age
2. Meet with an interview board consisting of Asst Fire Chief and Support Personnel
3. Satisfactorily complete the following:
 - a. Background Check
 - b. Department of Motor Vehicle Check
 - c. Drug screen
4. Any other requirements as stipulated by the Fire Chief

If you have questions regarding the support services program, please contact Assistant Chief Dan Daugherty at 541-536-2935 ext./ 111

Once again, thank you for your interest in becoming a support member with La Pine Fire District.



LAPINE RURAL FIRE PROTECTION DISTRICT

SUPPORT SERVICES APPLICATION

The District makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance.

Please fill out carefully using a typewriter or ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

NAME: _____

First Name

Middle Name

Last Name

ADDRESS: _____

Number and Street

Mailing address, if different than street address

City

State

Zip Code

TELEPHONE: _____

**Residence
Message**

Business

Cell

EMAIL: _____

Are you over 18 years of age? _____ YES _____ NO

SSN: _____ / _____ / _____

Please describe any other **certifications, education, training, qualifications, or skills** that you think are relevant to the position for which you are applying.

Do you have a current and valid driver's license? _____ YES _____ NO State _____
If yes, please provide a copy of your license and current auto insurance card

Have you ever been convicted of a felony on or after your 18th birthday? _____ YES _____ NO
(Do not include minor traffic violations or arrests without convictions.)

If yes, please give a short explanation outlining the circumstances of your conviction. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying.

EMPLOYMENT HISTORY

List, on the pages following, your work experiences, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the Volunteerism

for which you are applying. You must complete this section of the application form. If you need additional space, attach additional sheets.

EMPLOYMENT HISTORY

CURRENT EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE NUMBER	TO _____ / _____ Mo. Year
DUTIES (Be Specific)		TOTAL TIME _____/_____ Mos. Years
		_____ _____ Full Time Part Time
		Current Salary/Wage \$
May we contact this employer? _____ YES _____ NO		

PAST EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE NUMBER	TO _____ / _____ Mo. Year
DUTIES (Be Specific)		TOTAL TIME _____/_____ Mos. Years
		_____ _____ Full Time Part Time
		Salary/Wage \$
REASON FOR LEAVING		

PAST EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE NUMBER	TO _____ / _____ Mo. Year
DUTIES (Be Specific)		TOTAL TIME _____ Mos. / _____ Years
		_____ Full Time _____ Part Time
		Salary/Wage \$
REASON FOR LEAVING		

PAST EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE NUMBER	TO _____ / _____ Mo. Year
DUTIES (Be Specific)		TOTAL TIME _____ Mos. / _____ Years
		_____ Full Time _____ Part Time
		Salary/Wage \$
REASON FOR LEAVING		

REFERENCES

List three persons other than relatives who have known you for longer than one year.

<u>Name</u>	<u>Address</u>	<u>Day Phone</u>	<u>Evenings/Cell</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In submitting this application, I authorize investigation of all statements contained in it, and is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from the support volunteer program. I understand that any offer of acceptance into the Support Services program will be contingent upon passing a background process, Department of Motor Vehicles check, Insurance authorization and drug screening, and I agree that I will undergo the required processes.

In consideration of any employment I agree to conform to the rules and regulation of the District. I certify that I have read all of this application and that the information I have provided above is true and correct.

LAPINE RURAL FIRE PROTECTION IS AN EQUAL OPPORTUNITY EMPLOYER

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

YOU MUST READ, COMPLETE, INITIAL AND SIGN ALL REQUIRED FIELDS INCLUDING THE RELEASE AND WAIVER

Date: _____

Signature: _____

Completed applications must be hand delivered with the supporting documents to:

**La Pine Rural Fire Protection District
Administration
51590 Huntington Road
La Pine Oregon**

La Pine Rural Fire Protection District

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for volunteering, and may be justification for my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the district if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

Initials _____

I authorize the investigation of all statements contained in this application (and accompanying resume). I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand and authorize the District to request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. This information will not be used for any unlawful discrimination purpose. I may request a copy of the report.

Initials _____

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (and accompanying resume) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

Initials _____

If the district makes an offer of volunteer status to me contingent upon a criminal background check, I consent to such background check, and I consent to the release to the district of any and all information within the report, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

Initials _____

If the district makes an offer of Volunteer Status to me contingent upon passing a pre-employment drug screen, I consent to such examination, and I consent to the release to the district of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

Initials _____

I understand that if my Volunteer Status is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted

Initials _____

I understand that this application does not, by itself, create a contract of employment

Initials _____

Date: _____

Printed Name: _____

Signature: _____

PLEASE PROCEED TO NEXT PAGE

La Pine Rural Fire Protection District

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to **La Pine Rural Fire Protection District**, any documents or information that it may request. I have authorized **La Pine Rural Fire Protection District** to inquire concerning my background in connection with an application for employment with the district. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment, which may be provided.

Date: _____

Printed Name: _____

Signature: _____

PLEASE PROCEED TO NEXT PAGE



3110 25th St SE
 Salem, Oregon 97302
 Ph: 503-585-6654 Fax: 503-315-8995

APPLICANT DISCLOSURE AND
 AUTHORIZATION FORM
 (IMPORTANT – PLEASE READ CAREFULLY
 BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

{Employer} (“The Company”) may obtain information about you from a consumer reporting agency for employment purposes, Thus, you may be the subject of 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, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history including current positions, worker’s compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by (ClearStar, Inc – **5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099** (their privacy policy can be reviewed at <http://www.clearstar.net/privacy-policy> including information about including whether your personal information will be sent outside the United States or its territories. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

PLEASE PRINT LEGIBLY

Prospective Employer (Company): La Pine Rural Fire Protection District

Applicant’s Full Name (Print): _____
Last First Middle Suffix (Sr., Jr.)

Previous Name Used (Print): _____
Last First Middle Suffix (Sr., Jr.)

Driver’s License Number: _____ State of Issue: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address: _____
Street Address (Apt.)

_____ City _____ State _____ Zip Code _____

ACKNOWLEDGMENT AND AUTHORIZATION

- I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand this document.
- 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.
- I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of the authorization and throughout my employment. If applicable, I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

* This information will be used for background screening purposes only and will not be used for any other purpose.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT ON NEXT PAGE

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 FCRA. For more information, including information about additional rights, go to 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 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 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 to the employer. Written consent generally is not required in the trucking industry. For more information, go to 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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account.

Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- 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. 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 Bio-Med Testing.