



# EMPLOYMENT APPLICATION

**Snohomish County Fire District 5**

**32905 Cascade View Dr.**

**Sultan, WA 98294**

**Phone: 360-793-1179 Fax: 360-799-0563**

**Return to: admin@snofire5.org**



**INSTRUCTIONS:** Please answer all questions on this application completely and accurately. All statements are subject to verification. Incorrect statements could result in rejection or termination.

A resume may be submitted but **NOT** substituted for this application. Please print clearly in dark ink or type. Return completed applications to the address above.

## POSITION APPLYING FOR:

Last Name			First Name			MI
Address				Email Address		
City	State	Zip	Home Phone ( )		Mobile Phone ( )	

Are you legally authorized to work in the United States? (Employment is subject to verification of your legal right to work in the U.S.)	<b>YES NO</b>
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Washington Driver's License #:	Expiration Date:	Can you provide proof of Insurance: <b>YES NO</b>
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Have you ever been convicted of a misdemeanor or felony, including traffic violations? <b>YES NO</b>
If <b>YES</b> , please give details including type of offense, sentence, and dates: _____
_____
_____
<small>(A conviction will not necessarily be a bar to employment. Facts such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)</small>

OFFICE USE ONLY	
App. Received:	Reply Sent:

Oral Interview:	Date:
	<b>Score:</b>
Physical Agility:	Date:
	<b>Pass Fail</b>

Background Check:	DOL
Date:	Date:
<input type="text"/> Pass Fail	<input type="text"/> Pass Fail

Hire Date:
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<b>REFERRED BY:</b>
_____

## REFERENCES:

Name	Company & Title	Relationship to you	Phone #	Alternate #
1.				
2.				
3.				

Give a complete account of your employment. Begin on the first line with your present or most recent position and work back.  
**Last 5 years of employment only.** (Please attach an additional sheet if necessary and include all periods of unemployment.)

**EMPLOYMENT RECORD: DO NOT** indicate “see resume”.

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR’S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR’S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR’S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

**EDUCATION AND TRAINING** (Pursuant to State law, use of a false or misleading degree is prohibited.)

	School Name— City and State	# Years Attended	Did You Graduate?	Major Subjects, Special Courses, Degrees
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				

LICENSES & CERTIFICATIONS:

OTHER SKILLS:

List any skills; including fire or medical experience that might be of benefit to the fire department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY**

Do you have any physical condition which may limit your ability to perform the duties of the position to which you have applied?      **YES**    **NO**

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY HISTORY**

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Present Military Affiliation (please select one)  None  Active Reserves  Inactive Reserves

**CERTIFICATE OF APPLICANT (Read carefully before signing.)**

I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested; and I authorize Snohomish County Fire District 5 and agencies or companies by choice of Snohomish County Fire District 5 to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by Snohomish County Fire District 5. I understand that the reason for such testing is that Snohomish County Fire District 5 endeavors to operate its business in a safe manner for all employees, customers, residents, visitors and/or guests. The results of such testing will be communicated to Snohomish County Fire District 5 or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the U.S.A

If employed, I agree to abide by Snohomish County Fire District 5 rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by Snohomish County Fire District 5 or myself, without notice and/or without cause.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract. As the Applicant named above, I authorize Snohomish County Fire District 5 and/or its agents to:

1. Obtain verification of information provided by me in this employment application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education all records, conduct, and skills.
5. Obtain a consumer credit report in conjunction with my application for employment.

The information obtained will in no way be used in violation of any federal or state equal employment opportunity law or regulation. I further authorize all institution, agencies, companies, or persons referred to above, to give Snohomish County Fire District 5 and/or its agents all information requested. I release Snohomish County Fire District 5, its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.

*A copy of this authorization and release shall be as valid as the original.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DRIVERS LICENSE # & STATE:** \_\_\_\_\_



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Snohomish County Fire District 5 (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), credit report, verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

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



#### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Snohomish County Fire District 5 (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Employer. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Washington State applicants only:** You also 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.

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

*Para información en español, 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.*

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 1-888-5-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.consumerfinance.gov/learnmore](http://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:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>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</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>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</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>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 Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. 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 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. 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>

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

### **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.

**STATE OF WASHINGTON  
CONSUMER CREDIT REPORTING ACT  
SUMMARY OF CONSUMER RIGHTS**

The State of Washington Fair Credit Reporting Act (WFCRA) 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 WFCRA. The WFCRA is modeled after the Federal Fair Credit Reporting Act. The same rights are provided under the Federal Fair Credit Reporting Act and you have received A Summary of Your Rights Under the Federal Fair Credit Reporting Act. You can get the complete text of WFCRA RCW 19.182, from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA, 98504, or online at <http://apps.leg.wa.Gov/rew/default.aspx?cite=19.182&full=true#19.182.070>.

- **You must be told if information in your file has been used against you.** If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you, and must give you the name, address, and telephone number of the consumer reporting agency that provided the information.

- **You have a 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, although medical information may be withheld and given directly to your medical provider. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You will not be charged for:

- ① a consumer report if a person has taken adverse action against you because of information in your credit report;
- ① the reinvestigation of information you dispute; or
- ① corrected reports resulting from the deletion of inaccurate or unverifiable information.

In addition, you are entitled to one free consumer report every 12 months, upon request. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period.

- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and you notify the consumer reporting agency directly of the dispute, the consumer reporting agency will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and notify you of the correction. If the reinvestigation does not resolve your dispute, you may file with the consumer reporting agency a brief statement setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.

- **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 ten 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 WFCRA specifies those with a valid need for access.

- **You must be notified if reports are provided to employers.** A consumer reporting agency may not give out information about you to employers without your knowledge. A potential employer must make a clear and

conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that consumer reports may be used for employment purposes.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the consumer reporting agency’s notification system 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 place a security freeze on your credit report.** A security freeze prevents your credit file from being shared with potential creditors or insurance companies. You may request a security freeze by contacting us at A security freeze can be requested in writing by first-class mail, by telephone, or electronically. You also may request a freeze by calling the following toll-free telephone number(s): TransUnion: 888-909-8872, Experian: 888-397-3742, Equifax: 800-685-1111 (NY residents please call 1-800-349-9960). TransUnion, Experian and Equifax can also be reached at the following addresses:

TransUnion LLC  
P.O. Box 2000  
Chester, PA 19016  
<https://freeze.transunion.com>

Experian Security Freeze  
P.O. Box 9554  
Allen, TX 75013  
[www.experian.com/freeze](http://www.experian.com/freeze)

Equifax Security Freeze  
P.O. Box 105788  
Atlanta, GA 30348  
<https://www.freeze.equifax.com>

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- **You may be able to block information resulting from identity theft from appearing on your credit report.** If you are a victim of identity theft, a consumer reporting agency must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the consumer reporting agency with a copy of a police report as evidence of your claim before it can place the block on your report.
- **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 WFCRA, you may be able to sue in state or federal court.

## COMPLAINTS

Any complaints by consumers under state law may be directed to:  
Office of the Attorney General  
Consumer Protection Division  
800 5th Avenue, Suite 2000  
Seattle, Washington 98104-3188  
Phone 1-800-551-4636 or (206) 464-6684  
Fax (206) 389-2801

Statewide Toll-Free TDD: **800 276-9883**  
Complaints May Be Made Via U.S. Mail or E-Mail  
**Complaints:** <http://www.atg.wa.gov/FileAComplaint.aspx>  
(Include your U.S. Mail address with any complaint.)  
**Website & Forms:** <http://www.atg.wa.gov/>

# CONFIDENTIAL DISCLOSURE REPORT



RCW 43.43.834(2) requires that the Fire Protection District, at the time it accepts an application for the position of volunteer or paid fire fighter, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

1. Have you been convicted of any crimes against children or other persons?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?  
Yes \_\_\_\_\_ No \_\_\_\_\_

A crime against children or other persons is defined by the statute as:

*"... a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first, second, or third degree robbery; first, degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor, unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; childburying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future."*

A crime relating to financial exploitation is defined by statute as:

*"... conviction for first, second, or third-degree extortion; first, second, or third-degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future."*

If you are offered a position as a paid employee or volunteer with the District, the District may under RCW 43.43.832 and .834 submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided above. You will be notified within ten (10) days after a response is received from the State Patrol of the nature of the response and be provided a copy of the response at your request. The District will use this information and record only to make the initial employment decision and for no other purposes.

Dated: \_\_\_\_\_.

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

## Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: \_\_\_\_\_

Agent business name if acting on behalf of the company for employment purposes: \_\_\_\_\_

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of  
Your name  
 the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

<small>Employee/Prospective employee/Volunteer full name (First, Middle, Last)</small>	<small>Date of birth (mm/dd/yyyy)</small>	<small>WA driver license number</small>
<small>Employee/Prospective employee/Volunteer signature</small> <b>X</b>	<small>Date signed</small>	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

<small>Company name</small>	<small>Authorized representative name</small>	<small>Title</small>
<small>Address</small>		

\_\_\_\_\_  
Date and place signed

**X**  
\_\_\_\_\_  
Authorized representative signature

**NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**