



# South Whidbey Fire/EMS

## Application for Employment

We are an equal opportunity employer. All applicants will be considered regardless of race, color, national origin, creed, religion, sex, age (over 40), pregnancy, marital status, physical or mental disability, genetic information, gender identification, sexual orientation, gender identity or status as an honorably discharged veteran, or any other class protected by federal, state, or local law. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should email [operations@swfe.org](mailto:operations@swfe.org).

### Instructions:

**Please type or print clearly in ink.** Each question should be answered completely and accurately. Applicants are required to fill out a separate application for each position for which they apply. A completed application is required; resumes may be submitted but will not be accepted as a substitute for a completed Employment Application. Please answer each question completely; unsigned or incomplete applications will not be considered. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

### GENERAL INFORMATION:

Name:		
Please list any other name(s) used during employment or education:		
Address:		
City:	State:	Zip:
Home Phone:	Cell:	Email:
SSN:	Date of Birth:	
Driver's License Number:	State:	Exp. Date:
List specific position applying for:		

Where did you learn of this opening?

Have you filed an application here before?  Yes  No if yes, give date:

Are any of your relatives presently employed with us?  Yes  No

If yes, please provide names of relatives, their positions, and departments:

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Do you have any commitments or other conflicts that would affect your promptness and/or regular attendance for this position?  Yes  No if yes, please explain: \_\_\_\_\_

Have you ever been discharged or requested or forced to resign from any position because of misconduct or unsatisfactory service?  Yes  No if yes, please explain: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Will accept:  Regular Full Time  Regular Part Time  Shift Work  Temporary  Seasonal

Are you at least 18 years of age?  Yes  No

Can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins?  Yes  No

**EDUCATION AND TRAINING:**

School	Name & Location	Major Course of Study	Degree Received
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate			
Graduate			
Vocational/Technical			
Related Certificates or Licenses:			
Other related seminars or training:			

**LANGUAGE SKILLS:**

Language: English  Speak  Read  Write

Language: \_\_\_\_\_  Speak  Read  Write

**EMPLOYMENT HISTORY:**

Starting with your current or most recent employer, please list your employment history, including military and voluntary service assignments. If you need more space, please use additional sheets.

Present/Last Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

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Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?
Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?
Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Please explain any break in employment history:

**JOB RELATED QUALIFICATIONS:**

List any additional skills, abilities, volunteer activities, awards, trade, business, civic associations or any offices held or other experiences not included above that you feel are relevant to the job for which you are applying:

Computer skills:  None  Beginner  Intermediate  Highly Proficient

List systems and software used:

List any additional information which may more fully describe your qualifications and capabilities:

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**PROFESSIONAL REFERENCES:**

Please list three work-related references that have knowledge of your character and abilities, in addition to the supervisors listed in the Employment History Section. **Do not list relatives.**

<b>1</b>	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
<b>2</b>	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
<b>3</b>	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:

**ACKNOWLEDGEMENTS**

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize Orca Information to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to Orca Information. I also release Orca Information from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the company and still wish to be considered for employment, it will be necessary to fill out a new application.

In the event of my employment, I will comply with all rules, regulations, and policies set forth in South Whidbey Fire/EMS Policies or the communications distributed. I also understand that the company has the right to modify its policies without giving me any advance notice of the changes.

Court-Record Search. I understand that in connection with a final offer of employment OR continuation of employment with you, a court record investigation may be requested. The new hire will be required to fill out a Release of Authorization Form and the screening will be done by:

Orca Information | PO Box 277 Anacortes, WA 98221 | (800) 341-0022

**AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS “AT-WILL” AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO ONE AT THE COMPANY HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.**

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<b>Signature:</b> _____ <b>Date:</b> _____
<input type="checkbox"/> <b>By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.</b>

**Authorization to Past Employer, School, or Other Institution to Release Information**

I have applied for employment. As part of the application process Orca Information conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to Orca Information and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to Orca Information and/or its agents. A photocopy of this authorization is as effective as the original.

<b>Signature:</b> _____ <b>Date:</b> _____
<input type="checkbox"/> <b>By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.</b>

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***For Human Resources use only:***

Interviewed by:	Date: ___/___/_____
Result:	
Notified by:	Date: ___/___/_____

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**Employer: South Whidbey Fire/EMS Phone: (360) 222-5011**

### RELEASE AUTHORIZATION

**In connection with my final offer of employment and/or continued employment position with you, I understand that an investigative 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 you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, civil records, credit history and criminal history from various states, private and 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 laws.

I HEREBY 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 telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**The following must be filled out completely for your application to be considered. (Please print).**

Position Applying for: \_\_\_\_\_

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult...	1	State	County	Zip	From (year)	To (year)	
	2						
	3						
	4						

Have you ever been charged or convicted of a crime: Yes  No

If yes, what State & County: \_\_\_\_\_ What was the nature of the crime? (give details):

Estimated Annual Earnings: \_\_\_\_\_

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

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

ORCA Information, Inc.  
 120 E. George Hopper Rd, Suite 108  
 Burlington, WA 98233  
 Phone: (800) 341-0022  
 Fax: (800) 522-6722

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## 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

South Whidbey Fire/EMS <small>Agent company name (if applicable)</small>	
Company/Agent company address 5579 Bayview Rd., Lngley, WA 98260	
Authorized representative name Vicki Lange <small>Answer the following</small>	Title Records Manager
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? ..... ✓ Yes      No <input type="checkbox"/> <input type="checkbox"/>	
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? ..... ✓ Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? ..... ✓ Yes No <input type="checkbox"/> <input type="checkbox"/>	
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? ..... ✓ Yes No <input type="checkbox"/> <input type="checkbox"/>	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____ <small>Date and place signed</small>	<b>X</b> _____ <small>Authorized representative signature</small>

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

<b>PRINT or TYPE</b> Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<input type="checkbox"/> Authorization from		
<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		
<input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<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		



Employer, prospective employer, or volunteer organization name

**South Whidbey Fire/EMS**

Employer agent company name if acting on behalf of the company for employment purposes

Authorization

*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.*

**X**

Signature

Date

**RCW 46.52.130**

DSC-425-020 (R/2/18)WA