



## South Thurston Fire & EMS

187 S. Hodgden St, Tenino, WA 98589 | PO Box 4010, Tenino, WA 98589

Ph: (360) 264-4116 | Fax: (360) 264-5155 | [www.SouthThurstonFire.org](http://www.SouthThurstonFire.org)

## MEMBERSHIP APPLICATION

Thank you for taking the first step in become a volunteer with South Thurston Fire & EMS. We appreciate your interest and want you to have a clear understanding of the requirements all of our volunteers have to meet.

As part of the application process, we will check your driving record and criminal background. If approved, you will move on to an interview, written exam of basic knowledge and a physical ability test.

- The physical ability test will be timed and will consist of activities relative to common tasks in the fire service. This will require a better than average fitness level to pass.
- The written test will consist of basic knowledge in the areas of math, reading, and grammar.

Upon passing the above requirements, you will be sent for a physical (paid for by us). We will provide you with all of the necessary paperwork.

Once everything is complete, and everything is signed off, you will be given a task book, bunker gear, and department apparel. We will discuss you next step to prepare you for training. You can choose either fire academy or EMT class to start, after you complete one, you can choose to do the other.

- FIREFIGHTER: you will be required to attend a 130 hour training academy, held twice per year. The classes will be two nights a week and some weekends.
- EMT: this course is 150 hours and is also two nights a week and some weekends.

Becoming a volunteer requires a lot of commitment and dedication. Once you have completed either fire academy or EMT class, you will be assigned to a shift and required to start signing up for shifts (minimum 24 hrs per month).

Thank you for your interest. We look forward to seeing you.

If you have any questions, please contact Roger Moore at (360) 264-4116 or by email at [rogermoore@tcf12.org](mailto:rogermoore@tcf12.org)

## Health

Conditions of Health. Do you know of any physical or mental conditions which would prevent you from performing any duties as a firefighter? \_\_\_\_\_

Have you been refused Life or Health Insurance? \_\_\_\_\_

If refused Insurance, why? \_\_\_\_\_

## Educational Background

A. List the last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any.

A. Schools	B. Years Completed	C. Degree / Diploma

List any foreign language(s) you know and check the boxes that describe your skill level. (Optional)

Language	Speak Some	Speak Fluently	Read	Write

## Record of Convictions

Have you ever been cited for; arrested, charged, or convicted of any criminal or traffic violations other than parking citations?

Yes  No

If yes, provide the date of the incident, the city, county and state where the incident occurred and the disposition of the incident. For arrests, please state if the charges are still pending, have been dismissed, or led to conviction of a crime involving behavior that would adversely affect job performance. Include all arrests, deferred prosecutions, and "Alford" please.

(Please note, an arrest, conviction and/or pending charges will not necessarily result in a denial of employment; however, failure to disclose that information can disqualify you from employment. The purpose of these inquiries is to determine your suitability to perform the essential tasks of emergency response personnel, which requires the entry into private homes and business, and the care of children and adults in vulnerable states or conditions.)

## References

List the names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or previous references that are not related to you.

Name	Telephone	Years Known
	(    )	
	(    )	
	(    )	

## General Information

Include in the lines below any additional information relative to your interest, qualifications, objectives or reasons for desiring membership in this organization.


It is understood and agreed upon that any misrepresentation by me on this application will be adequate cause for cancellation of this application and/or separation from South the District's service if I have been accepted.

I give the District the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the District and its representatives for seeking such information and all other persons, corporations or organizations furnishing such information.

The District is an Equal Opportunity Employer. The District does not discriminate in acceptance and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for acceptance on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the District and still wish to be considered for membership, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the District reserves the right to terminate my membership at any time, with or without prior notice. I understand that no representative of the District has the authority to make any assurances to the contrary.

I understand that that the District may require the satisfactory completion of physical, mental and any other testing as a condition of membership.

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct. If membership is obtained under this application, I will comply with all rules and regulations of this District.

Recommended by: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Acceptance Date \_\_\_\_\_

**Submit Application to:** South Thurston Fire & EMS  
 PO Box 4010  
 Tenino, WA 98589  
 Phone: (360) 264-4116

**THURSTON COUNTY FIRE DISTRICT 12**

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I authorize you to furnish Thurston County Fire District 12 with any and all information that you may have concerning me, my work record, my reputation, my medical records, my military service records and financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist Thurston County Fire District 12 in determining my qualifications and fitness for the position I am seeking with the district.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by Thurston County Fire District 12 in conjunction with employment and volunteer procedures.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Washington State Driver's License Number

\_\_\_\_\_  
Date

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public for State of \_\_\_\_\_

County of \_\_\_\_\_

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



**Notice for Applicant/Employee  
A-4 Authorization**

**'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or  
Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (**Employer**) may obtain an investigative consumer report for employment purposes through ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

**Print Full Name:** \_\_\_\_\_

**Former Name/Maiden Name (list all):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

**Driver's License # (if applicable)** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

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



**ESP APPENDIX C**  
**ACCOUNT B 7749**

**EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST**

That I, \_\_\_\_\_, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent. This record must be maintained by the employer or prospective employer for a period of not less than two years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

Authorization of employee or prospective employee for release of abstract of driving record Signature Date WA License Number

Signature \_\_\_\_\_ WA License Number \_\_\_\_\_

**EMPLOYER ATTESTATION**

- (A) That the company named below is an employer or prospective employer of the above named Individual and that I am a representative authorized to bind said company.
- (B) That **AMERICAN DRIVING RECORDS** is acting as agent on behalf of **ACRAnet** who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named Individual should be employed to operate a school bus or commercial vehicle upon the public Highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- (D) That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

Thurston County Fire District 12  
Company Name

Po Box 4010, Tenino, WA 98589  
Address

\_\_\_\_\_  
Name (print) Title

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

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." 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 programs 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 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934--FDIC
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

## Exhibit “C”

### Appendix A to Part 601

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, the CRA may charge you a fee, which shall not exceed the amount established by the Federal Trade Commission on January 1 of each year.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data—of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement if future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdate information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.