

MIST-BIRKENFELD RFPD APPLICATION FOR VOLUNTEER SERVICE

(Please Type or Print)



OFFICE USE ONLY
Date Received: _____
Time Received: _____
Initials: _____

This is not an employment application. This is an application for volunteer service with Mist-Birkenfeld RFPD. At its own expense, the Fire District will arrange for a surety bond for each of its volunteers. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religious creed, national origin, sex or ancestry), it will be difficult to secure this bond and we may be unable to utilize your services.

Type of Volunteer Service:
<input type="radio"/> Volunteer Firefighter
<input type="radio"/> Support Services Volunteer
<input type="radio"/> Volunteer EMS
<input type="radio"/> Volunteer Rescue

Applicants must include a copy of your driver's license.

GENERAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS		CITY		STATE	
MAILING ADDRESS (if different from street address)		CITY		STATE	
CELL PHONE		ALT PHONE		EMAIL ADDRESS	
DRIVERS'S LICENSE #		STATE		EMERGENCY MEDICALTECHNICIAN CERTIFICATION # & LEVEL	
MILITARY SERVICE LEVEL		BRANCH		RANK	
				STATUS	
				DATE OF DISCHARGE	

EDUCATION – List education high school, trade schools, and college

NAME/LOCATION	YEARS ATTENDED	GRADUATED	MAJOR

EMPLOYMENT (Provide information for at least the past ten years)

CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE #

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE #

PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE #	YEARS KNOWN

1. Do you speak any foreign languages? _____

2. Please describe any physical condition that might limit your performance: _____

3. Have you ever been convicted of a criminal offence? Yes No
 *An affirmative answer will not automatically disqualify you from consideration

a. If yes: Date: _____ Place: _____

b. Nature of Offense: _____

4. Volunteer Service Work with M-B RFPD requires several hours of regular or monthly training to maintain skills. You may also be expected to respond at any hour, seven days a week. Do you have any commitments or other responsibilities that would prevent you from meeting these requirements?

Yes No

a. If yes, please describe: _____

5. Please list any special skills or qualifications that may be useful to you or the fire district as a volunteer:

PLEASE READ BEFORE SIGNING

STATEMENT OF TRUTHFULNESS OF APPLICANTS FACTS

I hereby certify that the information given by me on this application is to the best of my ability true and accurate. I understand that this application contains the minimal amount of information needed to verify my qualifications for the position. If accepted, I will be requested to supply additional information necessary to begin my service file. I further understand that any misrepresentation or omission of information called for in this application is cause for cancellation of this application and/or dismissal from volunteer service.

Signature: _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, have made application for volunteer service with the Mist-Birkenfeld RFPD. I hereby authorize Mist-Birkenfeld RFPD and/or its agents to verify the information given by me on this application. I understand that the Fire District or its agents may contact my former employers, my current employer, law enforcement agencies, State and Federal Agencies and departments, educational institutions, and private business corporations that I have referred to on my application. I further understand that the Fire District and its agents will use this verification process in a confidential manner.

Signature: _____ **Date:** _____

**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.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge of the 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 document. 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.

PLEASE PRINT LEGIBLY

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

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

Signature: _____ Date: _____

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company. Check box to receive report.

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company. Check box to receive report.

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and
- ADDITIONAL STATE LAW NOTICES

Signature: _____

Print Name: _____

Date: _____