

VOLUNTEER APPLICATION

Thank you for considering SW Polk Fire District in your job search. SW Polk Fire District is an equal employment opportunity employer and do not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, uniformed services status or any other classification protected by law. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink.

Complete all questions, and sign your initials and name on the last page where indicated.

Personal Information

Last Name	First Name	Middle Initial
Street Address	City and State	Zip Code
Home Phone	Work Phone	Date You Can Begin
E-mail Address	Volunteer Position Applied For	
		<input type="checkbox"/> <input type="checkbox"/>

Level and Type of Education	School Name	City and State	Last Year Completed	Did You Graduate?
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University			<input type="checkbox"/> < 1 Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree
Additional Schooling			Number of Years:	Certificate or License

Certifications

Fire and EMS Certifications:

Other Skills:

Employment Record

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
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General Information

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed or attended school using any other name? If yes, please indicate names previously used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, job line, job description, with or without reasonable accommodation? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Please read carefully, initial each paragraph and sign below

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I authorize SW Polk Fire District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the organization any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release SW Polk Fire District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I authorize SW Polk Fire District to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. SW Polk Fire District has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

If hired or if offered volunteer membership, I recognize the rules and policies of SW Polk Fire District I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of SW Polk Fire District or myself. I understand that the position applied for of the organization is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the organization may change, withdraw, and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

If hired or if offered volunteer membership, I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I would then need to authorize the release of the results of such an examination to SW Polk Fire District for their use in evaluating my suitability for employment. Further, I would also need to release the examining facility and SW Polk Fire District from any and all liability, and from any damage that may result from the release of such information.

Signature

Print Name

Date

Important Information to Know Before Filling Out An Application for Employment with SW Polk Fire District

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume.”
2. If you are offered a position with SW Polk Fire District be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the SW Polk Fire District representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement:

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Applicant 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 documents. 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): SW Polk Fire District

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: _____