

An Equal Opportunity Employer

**Application for Employment**

 Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print, except for signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job related information.

 Attached to this employment application is paperwork allowing Longwood Fire Company to conduct a background and criminal check on each applicant. If you are asked to return for a second interview, you will be asked to reimburse the fire company for the cost of the checks.

Job applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeking: Full-time\_\_\_\_\_\_\_\_\_\_ Part-time \_\_\_\_\_\_\_\_\_ When are you available to start? \_\_\_\_\_\_\_\_\_

How did you hear about this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION:**

Name (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: (\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

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

If you are hired, can you provide proof of eligibility to work in the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_\_\_\_If you are hired, you may be required to submit proof of age.

Have you ever applied here? \_\_\_\_\_\_\_\_\_\_\_\_If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you ever employed here? \_\_\_\_\_\_\_\_\_\_If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested and/or convicted of a felony? \_\_\_\_\_\_\_\_\_\_If yes, give details. A “Yes” answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.

Have you ever had your driver’s license suspended or revoked in the past three years? \_\_\_\_\_\_\_\_\_\_ If yes, give details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list professional, trade, business or civic activities and offices held (excluding labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status).

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**EDUCATION:**

*(Please list number of years completed, the subjects studied, and what diploma/degree/certification was earned)*

High School/GED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vocational/Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Please list other skills or training that you have that are related to the job for which you are applying)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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***(List certifications with numbers and dates where appropriate and attach copies)***

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| --- | --- | --- | --- | --- | --- |
|  | CERTIFICATIONS |  | CERTIFICATION # | Effective Date | Expiration Date |
|  | PA DOH EMT-B | R |  |  |  |
|  | NATIONAL REGISTRY EMT | P |  |  |  |
|  | Class B DRIVER’S LICENSE | R |  |  |  |
|  | FEMA/NIMS IS 100 | R |  |  |  |
|  | FEMA/NIMS IS 200 | R |  |  |  |
|  | FEMA/NIMS IS 700 | R |  |  |  |
|  | FEMA/NIMS IS 800 | R |  |  |  |
|  | EVOC | R |  |  |  |
|  | HAZARDOUS MATERIALS AWARENESS | R |  |  |  |
|  | HAZARDOUS MATERIALS OPERATIONS | R |  |  |  |
|  | Pro-Board Firefighter I | R |  |  |  |
|  | Pro-Board Firefighter II | R |  |  |  |
|  | CPR/AED | R |  |  |  |
|  | Pa State Aerial Operator | R |  |  |  |
|  | Pa State Fire Academy Pumps I & II | R |  |  |  |
|  | Pa DOH Vehicle Rescue Technician | R |  |  |  |
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R = Required

RO = Required Once

RA = Required Annually

P = Preferred - Highly Recommended but not required at this time

**WORK HISTORY**

*(List names of employers in consecutive order with present or last employer first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references)*

|  |
| --- |
| *Employer:* |
| *Street Address:* |
| *City:* | *State:* | *Zip Code:* |
| *Supervisor Name:* | *Supervisor Telephone Number:* |
| *Job Title:* |
| *Duties:* |
| *Dates of Employment: From -* | *To -* |
| *Start Salary:*  | *Finish Salary::* |
| *Reason for Leaving* |

|  |
| --- |
| *Employer:* |
| *Street Address:* |
| *City:* | *State:* | *Zip Code:* |
| *Supervisor Name:* | *Supervisor Telephone Number:* |
| *Job Title:* |
| *Duties:* |
| *Dates of Employment: From -* | *To -* |
| *Start Salary:*  | *Finish Salary::* |
| *Reason for Leaving* |

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| --- |
| *Employer:* |
| *Street Address:* |
| *City:* | *State:* | *Zip Code:* |
| *Supervisor Name:* | *Supervisor Telephone Number:* |
| *Job Title:* |
| *Duties:* |
| *Dates of Employment: From -* | *To -* |
| *Start Salary:*  | *Finish Salary::* |
| *Reason for Leaving* |

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| --- |
| *Employer:* |
| *Street Address:* |
| *City:* | *State:* | *Zip Code:* |
| *Supervisor Name:* | *Supervisor Telephone Number:* |
| *Job Title:* |
| *Duties:* |
| *Dates of Employment: From -* | *To -* |
| *Start Salary:*  | *Finish Salary::* |
| *Reason for Leaving* |

***WORK HISTORY***

Have you worked or attended school under any other name? \_\_\_\_\_\_\_\_\_\_\_ I

Are you presently employed? \_\_\_\_\_\_\_\_\_\_If so, may we contact your employer? \_\_\_\_\_\_\_\_\_\_

* Name of current employer & contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been fired from a job or asked to resign? If yes, please explain.

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What is your experience in the Fire Service?

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Do you have any experience with a combination fire company? \_\_\_\_\_\_\_\_\_\_ If so, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you have any additional responsibilities in your previous employment?

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**Please Read Each Statement Carefully Before Signing**

 I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

 I understand that the employer may request an investigative consumer report from a consumer reporting agency. The report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others.

 I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

 I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

 I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge by capability to do the work for which I am applying.

 I understand I may be required to successfully pass a drug screening examination, I hereby consent to a pre- or post-employment drug screen as a condition of employment, if required.

 I understand that this application or subsequent employment does not create a contract of employment, nor guarantee employment, for any definite period of time. If employed, I understand that I have been **hired at the will of the employer,** and my employment may be terminated at any time, with or without just cause and with or without notice.

 I have read, understand, and by my signature consent to these statements.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Employee Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Employee**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgement - EMS Officer Date**

**DISCLOSURE AND AUTHORIZATION FORM**

**Longwood Fire Company** may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at Longwood Fire Company, 1001 E. Baltimore Pike,, Kennett Square, PA 19348. 610-388-6880.

**ADDITIONAL STATE LAW NOTICES**

If you are a California, Maine, New York or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. 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.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only --** You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

□ I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Addresses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_

Driver’s License # \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

***Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580***

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

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.ftcgov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

* **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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 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.ftc.gov/credit.
* **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 1-888-567-8688.
* **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.ftc.gov/credit.

**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. Federal enforcers are:**

|  TYPE OF BUSINESS: | PLEASE CONTACT: |
| --- | --- |
| **Consumer reporting agencies, creditors and others not listed below** | **Federal Trade Commission: Consumer Response Center – FCRA****Washington, DC 20580 1-877-382-4357** |
| **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 Complaints****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 703-519-4600** |
| **State-chartered banks that are not members of the Federal Reserve System** | **Federal Deposit Insurance Corporation****Consumer Response Center****2345 Grand Avenue, Suite 100****Kansas City, MO  64108-2638** **1-877-275-3342** |
| **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** |