

Paid-On-Call Firefighter

ADDITIONAL REQUIRED PAPERWORK

CHECKLIST

To complete your application, we must receive the required items listed below. Please use the below checklist prior to submitting the additional paperwork to ensure your paperwork is complete. Additional information (unless specifically requested) cannot be accepted after this paperwork has been submitted.

You will not be contacted if you are missing information within your application or additional required paperwork, and your application will not be considered further.

- Original forms:
- Authorization for Release of Prior Employment Information (attached) - *signed*
 - Waiver Authorization to Release Information (attached) – *signed and **NOTARIZED** by a Public Notary*
 - Driving Record: choose “*Employment Record*” for type (with **original** payment receipt attached)
 - Signatures of Parent/guardian, if your are under 18 years of age*

- Copies of:
- Current driver’s license - **REQUIRED**
 - IFSAC Firefighter I certificate – **REQUIRED FOR LATERAL ENTRY APPLICATION**
 - WA State EMT endorsement certificate –*if applicable*
 - WA State FIRST RESPONDER certificate –*if applicable*
 - EVIP: Emergency Vehicle Incident Prevention Certificate (formerly known as EVAP) –*if applicable*

All documents above must be received NO LATER THAN one (1) week following receipt of this notice. Please contact us if you need more time.

Documents may be sent by the following methods:

Email	OHHR@oakharbor.org
Fax	360-279-4559
US Mail or dropped off in SEALED ENVELOPE	City of Oak Harbor Human Resources 865 SE Barrington Drive Oak Harbor, WA 98277



City of Oak Harbor
Human Resources Department
865 SE Barrington Avenue
Oak Harbor, WA 98277
www.oakharbor.org

CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION

I, _____, am interested in obtaining a position with the City of Oak Harbor. As a part of the application and screening process, I understand the City of Oak Harbor needs to obtain information relating to my prior employment to assist in the selection and screening of applicants. In consideration for the employer's willingness to consider my candidacy for this position, I hereby authorize the City of Oak Harbor to request all pertinent information, either in writing or orally, regarding my prior employment. I have included on my application form all of my prior employers and warrant this is an accurate and complete list. I have also included the names of my supervisors and either an address or phone number where that individual can be reached.

I also authorize my prior employers to supply the City of Oak Harbor with accurate factual information about my prior employment, and hereby release that employer from any form of liability for the information provided, including the opinions of the employer about my performance, work habits, attendance, performance reviews and eligibility for re-hire. I also release my prior employers from any form of liability for opinions stated regarding my performance, unless my prior employer makes knowingly false statements of fact in the exchange of information and I am harmed by such disclosures.

1. I recognize this information is essential to obtaining a position with the City of Oak Harbor, and therefore request that any policies put in place to "protect me" from disclosure of adverse information be waived by this release form.
2. I also release my prior employer from any claims regarding my right to privacy regarding the information requested in connection with my application with the City of Oak Harbor.

I hereby release the City of Oak Harbor, its officers, directors, employees, insurers and agents, in their individual and representative capacity, from any and all liability for damages which may result from the exchange of information indicated above. I also acknowledge I am signing this agreement as my free and voluntary act.

Applicant's Signature

Date

If applicant is under 18 years of age:

Signature of Parent or Legal Guardian

Print Full Name

Date



OAK HARBOR FIRE DEPARTMENT
855 E. Whidbey Avenue
Oak Harbor, Washington 98277
PH 360.279.4700 / FX 360.279.4717

RAY MERRILL
FIRE CHIEF

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION
This document affects your legal rights. Read carefully before signing.

To Whom It May Concern:

I, the undersigned, authorize you to furnish the OAK HARBOR FIRE DEPARTMENT or its agencies any and all information that you have concerning me, including without limitation my work records, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, and such other information and records as you may have in your possession relating to me.

I understand my right to request access to any records relating to me pursuant to 4 U.S. Code 522 et seq., the Privacy Act of 1974, the Freedom of Information Act, and RCW 42.17 et seq., and specifically WAIVE those rights, understanding that the information furnished will be used by the OAK HARBOR FIRE DEPARTMENT and/or its agencies or departments in conjunction with employment procedures.

Further, I DO HEREBY RELEASE YOU, your organization, your agents, and others from any liability or damage which may result from furnishing information to the OAK HARBOR FIRE DEPARTMENT pursuant to this waiver and authorization to release information.

Applicant's Signature

Date

If applicant is under 18 years of age:

Signature of Parent or Legal Guardian

Print Full Name

Date

SUBSCRIBED AND SWORN to me before this _____ day _____,

NOTARY PUBLIC in and for the State of _____

residing at: _____

Commission expires: _____

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.

YOU MUST RETURN THIS FORM NOTARIZED