



**Cannon Beach  
Rural Fire Protection District**

**Seeking ...**



**Firefighter/EMT**

**(3 Immediate Openings and a list for future openings)**

**\$63,760**

Excellent Benefits

Applications close December 29, 2023, by 5 pm PST

Application materials can be obtained at [www.cbfire.com](http://www.cbfire.com)

**Application Packet**

## **APPLICATION PROCESS**

***\*ALL MATERIALS MUST BE RECEIVED BY 5PM PST ON DECEMBER 29, 2023.***

The application packet you return must include the following, any incomplete applications will not be considered:

- \_\_\_ Letter of Interest Explaining Qualifications and Experience
- \_\_\_ Resume including three (3) professional references.
- \_\_\_ Employment Application
- \_\_\_ Signed Applicant's Statement
- \_\_\_ Supplemental Questions
- \_\_\_ Acknowledgement and Authorization for Background Check
- \_\_\_ Copy of Fire & EMS certifications
- \_\_\_ Copy of Driver's License.

### **RETURN COMPLETED APPLICATIONS TO:**

#### **By Mail:**

Cannon Beach Fire District  
Attn: Firefighter Application  
PO Box 24  
Cannon Beach, OR 97110

#### **In Person Deliver:**

Cannon Beach Fire District  
Attn: Firefighter Application  
188 Sunset Blvd.  
Cannon Beach, OR 97110

#### **By Email:**

[info@cbfire.com](mailto:info@cbfire.com) (PDF only)

## **HIRING TIMELINE**

Tentative dates of hiring process



Applications open November 30, 2023



Applications close December 29, 2023



Review applications week of January 1, 2024



Applicants invited to assessment center by January 5, 2024



Tentative Assessment Center January 20, 2024



Chief's Interview the week following the assessment center.



Swim test and physical ability test the week of January 29, 2024



Anticipated start the first week of March 2024

## **SUPPLEMENTAL QUESTIONS**

*Please answer each of the following questions. Attach your responses to the packet.*

1. As a new full-time firefighter, you will be required to work closely with administrative staff, fellow full-time firefighters, part-time firefighters, student firefighters, and volunteer firefighters. Please describe your experience as it relates to working as part of a combination fire department. Explain how your interactions with each of the different experience levels will differ.
2. As a full-time firefighter, you will be required to be an active member of Cannon Beach Fire District's Technical Rescue Teams. These teams include the surf rescue team, rope rescue team, and possibly the Ocean Lifeguards. Please explain your experience as it relates to each of these specialties. How do you plan to be an asset to each of the teams?
3. Cannon Beach Fire District has a diverse workforce comprised of firefighters with different backgrounds and motivations. At times, you may have to work with a firefighter that you do not get along with completely. Please describe how you would handle conflict with another member of the fire district.
4. Cannon Beach Fire District is a small community which relies heavily on the commitment of all on and off duty personnel to operate effectively. This may require personnel to work overtime to participate in community events, shift staffing, emergency call back response, and required drill night attendance (just to name a few). As such, Cannon Beach Fire District requires that all full-time firefighters must live within 30 minutes of the main station. How do you plan on acquiring and maintaining this residency requirement? What challenges do you think you would face if you were required to work additional hours of overtime on your days off? Are you and your family prepared for this change in lifestyle and added time commitment?

**CANNON BEACH FIRE DISTRICT**  
**188 Sunset Blvd**  
**PO Box 24**  
**Cannon Beach, OR 97110**  
**503-436-2949**

Date Received: \_\_\_\_\_

## EMPLOYMENT APPLICATION

Thank you for applying with Cannon Beach Rural Fire Protection District. Please answer all questions to the best of your ability. We welcome resumes; however, please complete all portions of this application form.

**PLEASE PRINT CLEARLY**

**NAME (LAST, FIRST, MIDDLE)** \_\_\_\_\_  
**ALIAS OR OTHER NAME USED:** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**HOME TELEPHONE #:** \_\_\_\_\_ **SECONDARY TELEPHONE #:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**ARE YOU A RESIDENT OF CANNON BEACH FIRE DISTRICT?** \_\_\_\_\_  
**IF SO, HOW LONG HAVE YOU RESIDED IN THE CANNON BEACH FIRE DISTRICT:** \_\_\_\_\_  
**PLEASE LIST FIVE (5) YEAR RESIDENCE HISTORY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE OR G.E.D. CERTIFICATE? \_\_\_\_ Yes \_\_\_\_ No  
If NO, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGES, VOCATIONAL/TECHNICAL SCHOOLS	CREDITS	CERTIFICATE OR DEGREE
_____	_____	_____
_____	_____	_____

**LICENSES AND CERTIFICATES (Please attach copies of certificates)**

DESCRIPTION	ISSUED BY	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

**ADDITIONAL KNOWLEDGE, SKILLS AND ABILITIES**  
Please list any additional knowledge, skills or abilities that you believe would be beneficial to Cannon Beach Fire District:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU NOW OR HAVE BEEN EMPLOYED OR AFFILIATED WITH A FIRE DEPARTMENT?** \_\_\_\_ Yes \_\_\_\_ No  
DATES: \_\_\_\_\_ DEPARTMENT? \_\_\_\_\_  
DATES: \_\_\_\_\_ DEPARTMENT? \_\_\_\_\_

**GENERAL INFORMATION:**

**U.S. MILITARY SERVICE:**

BRANCH: \_\_\_\_\_

DATES OF SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ARE YOU A US CITIZEN? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not a US Citizen, are you allowed to work in the US without restriction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT RECORD:** Begin with current/most recent employment.

From: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
To: \_\_\_/\_\_\_/\_\_\_ Duties: \_\_\_\_\_ Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of employees supervised: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

\*\*\*\*\*

From: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
To: \_\_\_/\_\_\_/\_\_\_ Duties: \_\_\_\_\_ Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of employees supervised: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

\*\*\*\*\*

From: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
To: \_\_\_/\_\_\_/\_\_\_ Duties: \_\_\_\_\_ Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of employees supervised: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

**VOLUNTARY INFORMATION**

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering your application with Cannon Beach Fire District.

1. Sex (check one):  Male  Female  Other

2. Race/Ethnicity – Please check the one category which best describes your recognition in your community:

- American Indian/Alaskan – includes persons who identify themselves or are known as such by virtue of tribal association.
- Asian/Pacific Islander – includes persons of Japanese, Chinese, Korean, or Filipino descent
- Black/African American – includes persons of African descent, as well as those identified as Jamaican, Trinidadian, and West Indian descent
- Hispanic/Latino – includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent
- White/Caucasian - includes persons of Indo-European descent, including Pakistani and East Indian persons
- Other – includes Malayan, Thais, and others not covered above.

3. Do you have a disability?  Yes  No If yes, please check the type of impairment you have:

- Hearing
- Mobility
- Visual
- Mental
- Multiple Disabilities
- Other (specify): \_\_\_\_\_

4. Veteran Status: Check the one (1) box that best describes your veteran status:

- Disabled Vietnam Era Veteran
- Disabled Veteran of Other Campaign or War Era
- Other Disabled Veteran
- Vietnam Era Veteran
- Veteran of Other Campaign or War Era
- Other Veteran

***Cannon Beach Rural Fire Protection District is an equal opportunity agency. It is the policy of Fire District not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race or creed, color, religion, national origin, sexual orientation, covered veteran status, marital status, handicapping condition, political affiliation, pregnancy, gender identity or age.***

If you are hired with Cannon Beach Rural Fire Protection District, would you be willing to submit to any job-related medical exams, physical agility testing and/or drug tests that may be required of the position to which you have applied?  
 Yes  No

In your opinion, are you able to perform the essential functions of the position to which you have applied with or without reasonable accommodations?  Yes  No

***This position requires the applicant to work outdoors in every type of climate and weather condition. The work is repetitive and physically demanding. They may lift and carry heavy objects, and stoop, kneel, crouch or crawl in awkward positions. The applicant may be exposed to harmful materials or chemicals, fumes, odors, loud noises, or dangerous machinery. The applicant may also be exposed to the morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets of results of human behavior. Cannon Beach Rural Fire Protection District strongly suggests consulting with your personal physician before applying.***

*Cannon Beach Rural Fire Protection District is an equal opportunity agency. It is the policy of the Fire District not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race or creed, color, religion, national origin, sexual orientation, covered veteran status, marital status, handicapping condition, political affiliation, pregnancy, gender identity or age.*

**APPLICANT’S STATEMENT**

I certify that all the information I have provided is true, complete, and correct.

I understand that I must complete a meet certain physical requirement and I am aware there is a probationary period.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I further understand that an offer of employment is conditional based on proper employment authorization, favorable background verification, ability to perform the essential functions of the job (with or without reasonable accommodations) and passing a pre-employment medical exam and drug screen.

Oregon law prohibits smoking in public facilities; therefore, the applicant agrees to refrain from tobacco products within the facility, surrounding grounds, or company owned vehicles.

I also understand that if I am hired, I will be required to provide proof of identity, a valid driver’s license, legal authority to work in the United States and that federal immigration laws require me to complete an I9 Form.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms as stated above.

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**Signature of Applicant**

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**Date**



# Watercraft Operator Swim Test Checklist: Pool Swim

- 1.) The swim test consists of a pool and ocean swim and is required for anyone that is a rescue swimmer or watercraft operator.
- 2.) This test will be completed in the pool with no fins (except the buddy tow), or rescue equipment. The test must be passed in its entirety.

		Pass/Fail Criteria	Time	Evaluator's Pass or Fail
1.)	Swim 200 yard (stroke of choice)	6 minutes or less		PASS / FAIL
2.)	Buddy Tow 200 yards	10 minutes or less		PASS / FAIL
3.)	Swim 25 yards, retrieve a 10lb weight from an 8-foot depth and tow it 25 yards back to start line	Pass/Fail		PASS / FAIL
4.)	Tread water	15 minutes		PASS / FAIL

Swimmers Name	Signature	Date

Evaluator Name	Signature	Date

# Watercraft Operator Swim Test Checklist: Ocean Swim

- 1.) The swim test consists of a pool and ocean swim and is required for anyone that is a rescue swimmer or watercraft operator.
- 2.) This test will be completed in the ocean with full rescue gear.

		Pass/Fail Criteria	Time	Evaluator's Pass or Fail
1.)	Swim approximately 200 yards outside of impact zone and back to land.	Pass/Fail	×	PASS/FAIL
2.)	Ten-minute survival float in the surf zone	Pass/Fail	×	PASS / FAIL

***Every person that passes this test should feel good about their ability to move and work in the ocean. This test will be given every year before the rescue season. If it is not passed on the first attempt it can be taken as many times as needed. If one part of the test is not passed, the entire test must be retaken. Part 1 must be passed before part 2 can be taken.***

Swimmers Name	Signature	Date

Evaluator Name	Signature	Date

# Cannon Beach Fire District – Physical Agility Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_

TASK: PASS / FAIL

## **1. Ladder Climb (Not Timed)**

With 3249 set up at a 60-degree angle, ladder extended to max reach, with rungs aligned. The candidate will be placed into a harness with a belay line for safety. The candidate shall climb to the top and back down without hesitation.

## **2. Hose Tower Climb**

\*The timer will start when the house bundle is picked up\*

The candidate will pick up a 100' of 1 ¾" house bundle and climb to top of the stairs three (3) times leaving the house bundle at the top of the stairs each time. Once the third house bundle is placed at the top of the stairs, the candidate will then hand-over-hand raise 50' of 2 ½" roll hose tied to rope. The candidate will bring the hose roll to top of the rail, touch the hose, then lower the hose back down without letting it slip through their hands. The candidate will then pick up one (1) house bundle and walk back down the stairs, leaving it at the base of the stairs.

## **3. Ladder Raise**

The candidate will raise a 24' extension ladder using rungs or rails, then lower the ladder back to the ground. The candidate will then raise the ladder vertical and fully extend the fly section of the 24' extension ladder to full extension. The candidate will then lower the fly section, then lower the ladder back to the ground.

## **4. Equipment Carry**

The candidate will carry two (2) 35lbs dumbbells 75ft, turn around, and walk back.

## **5 & 6 Hose Drag and Dummy Drag**

The candidate will drag 100' of uncharged 2 ½" hose to full extension. Then, the candidate will drag a rescue manikin 40ft, around a cone, then back to the starting point. The candidate will then pull the fully extended 2 ½" hose back to the starting line until the nozzle coupling is pulled past the starting line.

## **7. Forcible Entry**

The candidate will use a 10lbs sledgehammer to strike a stationary tire with an overhead swing 15 times.

\*The timer will stop once the tire is struck 15 times\*

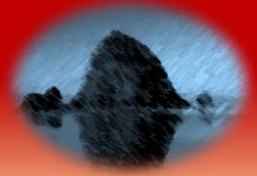
**Time Limit: 8 Minutes**



# Cannon Beach

## Rural Fire Protection District

188 SUNSET BLVD · PO BOX 24 · CANNON BEACH OR 97110  
(503) 436-2949 · EMERGENCY DIAL 9-1-1



### BACKGROUND INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Driver's License #: \_\_\_\_\_ State of Driver's License\* \_\_\_\_\_

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

City/State/Zip\* \_\_\_\_\_  
City State Zip Code

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

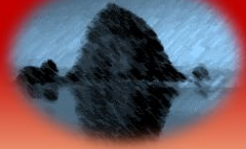
\*This information will be used for background screening purposes only and will not be used as hiring criteria.



# Cannon Beach

## Rural Fire Protection District

188 SUNSET BLVD · PO Box 24 · CANNON BEACH OR 97110  
(503) 436-2949 · EMERGENCY DIAL 9-1-1



### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Cannon Beach Rural Fire Protection District** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Print: \_\_\_\_\_ Date: \_\_\_\_\_

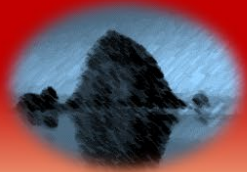
Signature: \_\_\_\_\_



# Cannon Beach

## Rural Fire Protection District

188 SUNSET BLVD · PO BOX 24 · CANNON BEACH OR 97110  
(503) 436-2949 · EMERGENCY DIAL 9-1-1



### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Cannon Beach Rural Fire Protection District may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

The investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Print: \_\_\_\_\_

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

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

# A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 reporting 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 1-888-5-OPTOUT (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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

Applicant Copy

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.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

**Applicant Copy**



# **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

## **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

**Applicant Copy**

## Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company** – To be completed by the company or the agent of the company

<small>PRINT or TYPE Company name</small> <b>Cannon Beach Rural Fire Protection District</b>	
<small>Agent company name (if applicable)</small>	
<small>Company/Agent company address</small> <b>188 East Sunset Blvd, Cannon Beach OR 97110</b>	
<small>Authorized representative</small> <b>Shaunna White</b>	<small>Title</small> <b>Captain</b>
<small>Answer the following</small> 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Certification</small> <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>  <div style="text-align: center;"> <b>X</b>  <hr/> <small>Date and place signed</small> </div> <div style="text-align: center; margin-left: 200px;"> <hr/> <small>Authorized representative signature</small> </div>	

**Employee, prospective employee, or volunteer** – Complete this section and return the form to the company

<small>PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer</small>	<small>Date of birth (mm/dd/yyyy)</small>	<small>WA driver license number</small>
<small>Authorization from</small> <input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
<small>Employer, prospective employer, or volunteer organization name</small>		
<small>Employer agent company name if acting on behalf of the company for employment purposes</small>		
<small>Authorization</small> <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>  <div style="text-align: center;"> <b>X</b>  <hr/> <small>Signature</small> </div> <div style="text-align: right; margin-right: 50px;"> <hr/> <small>Date</small> </div>		