Membership Application

Waterford Fire Department

Application date_____

General Information

Name_____Sex_____

Address_____

_____

Home Phone_____ Cell Phone_____

Email_____

SS #_____ Date of Birth_____

Drivers Lic. #_____ Class_____ State_____ Expires_____

Emergency Contact

Name_____ Relation_____

Home Phone_____ Other Phone_____

Address_____

_____

Other Information

Employer_____

Address_____ Phone_____

Name and address of two people who are not firefighters and not related to you and have known you for at least five years

Name_____ Address_____ Phone_____

Name_____ Address_____ Phone_____

Have you ever been convicted of a felony? Yes_____ No_____

Education/Certifications

High School	Address	Graduated Y/N	Graduation Date
_____	_____	_____	_____
College	Address	Graduated Y/N	Graduation Date
_____	_____	_____	_____
Technical School	Address	Graduated Y/N	Graduation Date
_____	_____	_____	_____

List any fire, rescue, or medical related certifications you hold and their expirations dates (attach copies)

Certification	Expiration
_____	_____
_____	_____
_____	_____
_____	_____

Miscellaneous

Would you be able to respond to calls:

During the night _____ During working hours_____ Overnight_____

Do you have any other response commitments that might keep you from responding Yes ___No ___

Explain_____

Do you understand calls may come at various times of the day or night Yes ____ No_____

Please address any concerns you may have_____

_____

_____

I certify that the information given herein is true and complete to the best of my knowledge.

Signature_____

DISCLOSURE FOR CONSUMER REPORT

Town of Waterford ("the Company") may obtain information about you from a third- party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). 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, public court records, Social Security verification and address history, motor vehicle records ("driving records"), drug/alcohol test results, verification of your education or employment history, or other background checks, subject to any limitations imposed by applicable federal and state law.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Foley Carrier Services, LLC ("Agency"), 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville, NY 11747, telephone number (631) 557-0100, www.foleyservices.com** .

☐ **I Have Read and Understand the FCRA Disclosure for Consumer Report**

Print Name: _____

Signature: _____

Date: _____

7/24/2019

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

Town of Waterford ("the Company") may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company. These searches will be conducted by **Foley Carrier Services, LLC ("Agency"), 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville, NY 11747, telephone number (631) 557-0100, www.foleyservices.com.**

Print Name: Date:

Signature:

SSN: DOB:

Phone: Email:

7/24/2019

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE OF CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand each of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by

Town of Waterford (the "Company") at any time after receipt of this authorization and throughout my employment, (including independent contractor or volunteer assignments, as applicable). To this end, I hereby authorize 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 **Foley Carrier Services, LLC ("Agency"), 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville, NY 11747, telephone number (631) 557-0100, www.foleyservices.com** . I understand that there may be an overseas transfer of my information. I consent to and authorize the processing of my information in a foreign country by a third-party providing services to the Company and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants/employees: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants/employees: You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the company.

Washington State applicants/employees: 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.

Minnesota and Oklahoma applicants/employees: Please check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company. ☐

☐ **I Have Read and Understand the Acknowledgement & Authorization for Background Check**

Print Name: _____ Date: _____

Address: _____ City_____ State: _____

Previous Address: _____ City:_____ State: _____

Signature: _____

7/24/2019

AGREE TO RECEIVE NOTIFICATIONS ELECTRONICALLY

You hereby agree to receive and respond electronically to all Communications for those products and services offered or accessible through Foley Carrier Services' website that are not otherwise governed by the terms and conditions of an electronic disclosure and consent.

1. Definitions The words "we," "us," and "our" refer to the entity that will be performing the background check, and the words "you" and "your" mean you, the subject of the background check. "Communication" means any disclosures, notices, outcomes, determinations, disputes correspondence, results of reinvestigation, amended consumer reports and all other information related to your background check, including but not limited to information that we and/or your prospective employer are required by law to provide to you in writing.

2. Electronic Delivery of Disclosures and Notices. You hereby consent to receive any Communications and all changes to such Communications electronically at the following email address: _____.

(Insert current email address)

You must provide at your own expense an Internet connected device that is compatible with the minimum requirements outlined below. You also confirm that your device will meet these specifications and requirements and will permit you to access and retain the Communications electronically each time you access and use the applicable services.
Please select Print and select your printer to retain a copy. If you do not have a printer, you can copy the text of these Terms and paste the text into a new document in a word processor or a text editor on your computer and save the text.

3. Paper Delivery of Disclosures and Notices You have the right to receive a paper copy of the Communications, and any changes. To receive a paper copy, please request it in one of the following ways: call us at (877) 702-6761 or write with your name and address to: Foley Carrier Services, LLC, 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville, NY 11747. We may charge you a reasonable service charge to mail you a paper copy of any Communication, as allowed by law. We will either include such service charge on our fee schedule or, if we do not, before we send you the paper copy, we will first inform you of the service charge and provide you with the choice as to whether you still want us to send you a paper copy. Please be sure to state that you are requesting a copy of the Communications referenced above.

4. System Requirements to Access Information To receive and view an electronic copy of the Communications, you must have the following equipment and software:
   - A personal computer or other device which is capable of accessing the Internet. Your access to this page confirms that your system/device meets these requirements.
   - An Internet web browser which is capable of supporting 128-bit SSL encrypted communications, JavaScript, and cookies. Your system or device must have 128-bit SSL encryption software. Your access to this page confirms that your browser and encryption software/device meet these requirements.

5. System Requirements to Retain Information To retain a copy, you must either have a printer connected to your personal computer or other device or, alternatively, the ability to save a copy through use of a printing service or software such as Adobe Acrobat®. If you have a word processor or text editor program on your computer, then you can also copy the text of this Disclosure and the underlying agreements and paste the text into a new document in the word processor or text editor and save the text.

6. Withdrawal of Electronic Acceptance of Disclosures and Notices You can also contact us in any of the ways described in the paragraph entitled "Paper Delivery of Disclosures and Notices" to withdraw your consent to receive any future Communications electronically, including if the system requirements described above change and you no longer possess the required system. If you withdraw your consent, we will terminate your use of the Foley Carrier Services website and the services provided through the Foley Carrier Services website.

7. Termination / Changes. We reserve the right, in our sole discretion, to discontinue the provision of your electronic Communications, or to terminate or change the terms and conditions on which we provide electronic Communications. We will provide you with notice of any such termination or change as required by law.

☐ **I Have Read, Understand, and Agree to Receive Notifications Electronically**

Print Name: _____

Signature: _____

Date: _____

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

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 FCRA. **For more information, including information about additional rights, go to 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 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 your 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 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 witha 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.

- **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 form 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).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

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.

- **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.

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:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks 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. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

TOWN OF WATERFORD
FIRE SERVICE VOLUNTEER

I hereby authorize the Town of Waterford to conduct a criminal history and identity check. I understand this Authorization is to be part of becoming a Waterford Fire Service volunteer.

PRINT NAME: _____
Last First Middle

OTHER NAMES YOU HAVE USED: _____

CURRENT ADDRESS: _____
Street Number & Name City State Zip

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

DATE OF BIRTH: _____ _____

DRIVER'S LICENSE INFORMATION: _____
License number Expiration Date State of Issue

Please Answer the Following Questions:

Have you ever been involved in an incident involving domestic assault, child abuse or neglect? ___Yes ___No

If yes please explain details:

Do you have a valid Connecticut Drivers License? ___Yes ___No

If no, please explain details:

As a condition of volunteering, I give permission for the Town of Waterford to conduct a background check on me, which may include a review of the sex offender registries, child abuse and criminal histories, and motor vehicle records. I hereby release and agree to hold harmless from liability the Town of Waterford, the officers and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Town of Waterford and any of its agents are not obligated to appoint me to a volunteer position.

APPLICANT/ SIGNATURE: _____ **DATE:** _____

PRINT NAME _____ **DATE:** _____

Note: Submitting an incomplete or illegible form may delay the background check results.

OFFICIAL USE ONLY: APPROVED _____ Yes _____ No

ABSTRACT OF DRIVING RECORD: RELEASE OF INTEREST

Employer, prospective employer, or volunteer organization
Town of Waterford ("Company").

Agent business name if acting on behalf of the company for employment purposes: **Foley Carrier Services, LLC**.

This is an authorization for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment.

I, _____employee, prospective employee, or volunteer or Independent Contractor of the Company named above. To the extent permitted by law, I hereby provide consent for Agent to provide a certified abstract of my complete driver's record, (including but not limited to convictions, accidents, license suspensions or revocations, and any type of driver's license that I possess) in any state where I hold or have applied for a driver's license. I further provide consent for Agent to provide and Company to use medical information about my physical or mental health for purposes relevant to an employment determination, to the extent permitted by applicable law.

Florida applicants only: I hereby provide consent for Agency to provide emergency contact information contained in my motor vehicle records.

Georgia applicants only: I hereby provide consent for Agency to include photographs, fingerprints, computer images, medical and disability information in my driving records.

Maryland applicants only: I hereby provide consent for Agency to report driving record entries that are more than 3 years old, records of a first offense of driving with an alcohol concentration, records or notations of probation before judgment, and records of the medical advisory board.

Montana applicants only: I hereby provide consent for Agency to report driving records of traffic accidents that did not result in a conviction.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Drivers Name:	
License Number:	
Date of Birth:	

Please attach a copy of License

_____ _____
Signature Date