



**PARKS &  
RECREATION**

Summer 2016

Dear Camp Patterson Volunteer Applicant:

Thank you for your interest in volunteering at Camp Patterson. Please fill out the enclosed forms and return them to Jane Lewis before June 8th, 2016. A minimum of two weeks of volunteering is required, but we hope you will consider working additional weeks- the more you put into camp, the more you will get out of it!

The City of Everett is required to conduct a background check for volunteers per the requirements of RCW 43.43.830 through .840. The City of Everett requests the volunteer complete the enclosed background information forms. If the volunteer is under the age of 18, the parent must provide an authorization signature. This information will be used only in determining the volunteer's ability to volunteer at Code 10 and will not be used or disseminated for any other purpose.

All volunteers must be able to complete the two required days of training on **June 30 and July 1**, and attend the **Counselor Group Interview and Orientation on June 16<sup>th</sup> in Spruce Hall, Forest Park from 4:30-6 pm**. Please bring a parent with you if you are a new Camp Patterson Volunteer!

Please send your completed forms back to:

Everett Parks and Recreation  
Attention: Jane Lewis  
802 E. Mukilteo Blvd  
Everett, WA 98203

Thank you again for all your interest. If you know of any others who might be interested in having a meaningful and fun summer with us at Camp Patterson, please have them contact me at (425) 257-8369

Sincerely,

A handwritten signature in blue ink that reads "Jane Lewis".

Jane Lewis  
Recreation Supervisor



**Select your swimming ability:**  Lifeguard certified  Completed advanced swimmer classes  
 Taken lessons, am comfortable swimming in a lake  Like to play in the water  Don't like to swim  Can't

**Select your canoeing and/or kayaking ability:**  Have been canoe/kayak certified before  Have done extensive canoe/kayaking  Paddled a few times  Need more time in a boat  Don't like it  Can't

Do you speak another language? Please explain (Including sign language)

---

Do you have any special musical abilities?

---

How many summers have you participated at Camp Patterson? \_\_\_\_\_ Other camping experiences? \_\_\_\_\_

Explain:

---

Why do you want to volunteer at Camp Patterson?

---

---

---

---

---

Pick your top 2 interests:

- |  |   |
|--|---|
| <input type="checkbox"/> Unit 1 & 2 – Elementary-aged children | <input type="checkbox"/> Sports and Games   |
| <input type="checkbox"/> Unit 3 & 4 – Middle School            | <input type="checkbox"/> Music and Movement |
| <input type="checkbox"/> Unit 5 & 6 – High School              | <input type="checkbox"/> Arts and Crafts    |

**MEDICAL HISTORY**

**Do you have:**

- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 1. Had any recent injury, illness or infectious disease? | ___        | ___       |
| 2. Have any dietary restrictions?                        | ___        | ___       |
| 3. Ever passed out/been dizzy during or after exercise?  | ___        | ___       |
| 4. Ever had seizures?                                    | ___        | ___       |
| 5. Any allergies?  | ___        | ___       |
| 6. Will you be bringing any medications to camp?         | ___        | ___       |

Please explain any "yes" answers, noting number of the question(s):

---

---

---

Do you have health issues that would affect your ability to safely participate in the day camp activities? Do you have any issues that we or the doctors need to be aware of in case of an emergency?

---

---

---

Do you require any accommodation to make your volunteer experience a success? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain:

---





VOLUNTEER APPLICATION HOLD HARMLESS

VOLUNTEER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: ( ) \_\_\_\_\_ EVENING PHONE: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE  FEMALE  MALE

Dates Volunteering: \_\_\_\_\_

Type of volunteer work to be performed: Camp Patterson Day Camp Counselor

In case of emergency, please notify:

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

Relationship

How did you hear about this program?  Volunteered Before  Guide  Web  Poster/ Banner  Referred By Someone

I understand that as a volunteer for the City of Everett I will receive no compensation or benefits available to regular City employees. In addition, I understand that I serve at the discretion of the City and even though I am not in an employer-employee relationship, I must conform to the appropriate rules and regulations determined to be applicable to volunteers and/or other persons working with or for the City. In addition, for approval of my application, I hereby agree to release and hold harmless the City of Everett its officers, agents, and employees from any and all claims, actions, demands, suits, expenses, losses or liability arising out of, or related to, the volunteer services, I provide including, but not limited to, property damage and personal/bodily injury. I authorize the City of Everett to use, publish; copyright, and re-publish my photograph, in whole or in part, unchanged or modified, in all media that exists now or later, for the purposes of promoting, describing and advertising City facilities and events, and programs sponsored by the City of Everett I also release and waive any and all claims against the City for such use publication and re-publication. The undersigned also agrees to release and hold harmless the City of Everett, its officers, agents, and employees, from any and all claims, actions, demands, suits, expenses, losses or liability, or compensation in anyway related to the use and reproduction of photograph(s) taken of me which are used in City sponsored publications or placed on the City's website.

Please check here if you or your child(ren) do not want to be photographed.

Volunteer's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent's Signature (if under 18): \_\_\_\_\_ DATE: \_\_\_\_\_

FOR DEPARTMENT USE

Department: PARKS AND RECREATION

The above named individual will perform volunteer work for this Department amounting to approximately \_\_\_\_\_ hours per month. By my signature below, I verify and confirm that I am in compliance with the City of Everett Volunteer Policy.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Background Check (Completed If Required (sec policy):  Yes  No (not required)

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_



2016

EVERETT PARKS AND RECREATION DEPARTMENT

VOLUNTEER

BACKGROUND CHECK PACKET

The attached documents are required to be completed and approved for both minors and adults prior to volunteering for the City of Everett Parks and Recreation Department. If the applicant is under the age of eighteen (18) a parent must provide an authorization signature. Please return this packet in a sealed envelope to the Recreation Office in Forest Park or mail to:

Everett Parks and Recreation  
802 E. Mukilteo Blvd  
Everett, WA 98203

Attn: (The Parks and Recreation contact person's name. This is the person from whom you received the background check packet)

We cannot accept scanned or photocopied forms. Completed, original, signed forms must be submitted. **Please allow 2-3 weeks for processing.** If you have any questions, please contact 425 257-8300, extension 2)

Please note the following when completing the enclosed background check packet:

Document Title	Please fill out and sign the following sections:
Volunteer Application/Hold Harmless	All information <b>except</b> the Department Statement at the bottom of the page.
WSP Request for Criminal History Information	All information in Section A
City of Everett Disclosure Statement	All three pages including all signatures lines on page 3.
Background Check	All information from the "Applicant Name" to the "Signature" lines. These are noted with an "X". Requires Parent/Guardian Signature if Applicant is under the age of 18.
Dataquest	All information in the top box of the document. Applicant signature and date at bottom of document.

# WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



## REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL \_\_\_\_ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

**A** SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

**B** REQUESTOR INFORMATION: (Please type or print clearly)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (print) Name/Title of Requestor Requestor's Signature  
Mo. Day Yr.

Provide e-mail to receive background results electronically. Phone No. ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Password (must be at least 8 characters) \_\_\_\_\_

REQUESTOR'S ADDRESS: (type or print clearly)

City of Everett - HR  
Name

2930 Wetmore Ave.  
Address

Everett WA 98201  
City State ZIP Code

Subject's Right Thumb Print (Optional)

## CITY OF EVERETT

### DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.830 through .840, the City of Everett requests that you complete the following disclosure statement. This information will be used only in making the initial decision of whether to employ you and will not be used or disseminated for any other purpose.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

A. Have you ever been convicted of any of the following crimes against children or other persons?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree custodial sexual misconduct	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment with a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography
					Violation of child abuse restraining order
					Prostitution
					Felony Indecent Exposure
					Criminal abandonment
					Or any of these crimes as they may have been renamed

B. Have you ever been convicted of any of the following crimes relating to financial exploitation?

YES	NO		YES	NO	
___	___	First, Second or Third degree extortion	___	___	First, Second or Third degree theft
___	___	First or Second degree robbery	___	___	Forgery
			___	___	Or any of these crimes as they may have been renamed

C. Have you ever been convicted of any of the following crimes relating to drugs?

YES	NO		YES	NO	
___	___	Manufacture of drugs	___	___	Possession with intent to manufacture or deliver a controlled substance
___	___	Delivery of drugs			

If your answer is "yes" to any of the items in Sections A, B or C , please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment or certificate of rehabilitation, please so specify.

---

---

---

1. Have you ever been found in an dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?

YES \_\_\_ NO \_\_\_

2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor?

YES \_\_\_ NO \_\_\_

3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor?

YES \_\_\_ NO \_\_\_

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital?

YES \_\_\_ NO \_\_\_

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital?

YES \_\_\_ NO \_\_\_

If your answer is "yes" to any of the questions of 1 through 5 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

---

---

---

---

---

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

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

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

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

## BACKGROUND CHECK DISCLOSURE

Pursuant to the federal Fair Credit Reporting Act ("FCRA") and its applicable state counterparts, CITY OF EVERETT – PARKS & REC (the "Company") may obtain consumer reports or investigative consumer reports on you for employment purposes in connection with your employment, potential employment, contract for services, volunteer position or other employment-related purpose. The Company may procure consumer reports on you both in connection with your application, and, if applicable, at any time during the course of your employment, contract for services or volunteer position with the Company. Consumer reports are written, oral or other communications that bear on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that are used (or expected to be used) as a factor in establishing eligibility for employment purposes. "Investigative consumer reports"\* are consumer reports (or portions of consumer reports) in which information is obtained through personal interviews with your neighbors, friends, associates or acquaintances, and are commonly obtained in connection with education or employment reference checks. \*In California, an "investigative consumer report" means any consumer report that is not a credit report.

Consumer reports may include items such as employment verifications, education verifications, credit history, driving records, criminal history, motor vehicle records, licensures, certifications, social security number verification, drug testing results or other information obtained through background check services. The information may be obtained from private and public record sources, including personal interviews with your neighbors, friends, associates or acquaintances.

You may find a "A Summary of Your Rights under the Fair Credit Reporting Act" at: <http://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

The name of the consumer reporting agency from whom the Company may procure consumer reports or investigative consumer reports is DataQuest, LLC ("DataQuest"), P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135. Please direct all inquiries to DataQuest.

You have the right to dispute incomplete or inaccurate information in your consumer report. You have the right, for a reasonable time after receipt of this notice, to make a written request to DataQuest for a complete and accurate disclosure of the nature and scope of the investigation requested by the Company, as well as to receive a written summary of your rights and remedies under the law.

You may find information about DataQuest's privacy practices, including whether your personal information will be sent to third parties outside the United States or its territories, as well as information concerning contact information for DataQuest's representatives who can assist you with additional information regarding DataQuest's privacy practices in the event of a compromise of your information, on DataQuest's website, [www.dataquestllc.com](http://www.dataquestllc.com).

Please sign below to acknowledge your receipt of this Background Check Disclosure.

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

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

Printed Name: \_\_\_\_\_

P.O. Box 1308, Snohomish, WA 98291  
Phone: (888) 443-0135 // Fax: (888) 226-6952  
Web: [www.dataquestllc.com](http://www.dataquestllc.com)

Company: CITY OF EVERETT – PARKS & REC  
Phone #: 425-257-8333

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

List additional AKA/Alias names used in the LAST 7 YEARS: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*(\*Used for identification purposes only)*

Driver's License#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**\*\*\* Please list addresses used during the LAST 7 YEARS \*\*\***

Current Address: \_\_\_\_\_  
(Complete Address Required) City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

By signing below, I acknowledge receipt of the Background Check Disclosure ("Disclosure") that accompanies this Background Check Authorization ("Authorization"). I authorize the company named above (the "Company") to obtain consumer reports and/or investigative consumer reports on me for employment purposes as set forth in the Disclosure. I also authorize DataQuest, LLC ("DataQuest") to procure all reports, records, verifications or other information necessary to complete the background check and to furnish the information to the Company. I certify that all information I supply on this Authorization and on any supplemental page(s) is true and correct. I understand that providing fraudulent or misleading information on this Authorization may be grounds for denial of employment, contract for services or volunteer position by the Company or for discharge by the Company. This Authorization shall be valid upon the Company's receipt of my signed Authorization, and, if applicable, at any time during the course of my employment, contract for services or volunteer position with the Company. I authorize the Company, if the Company places workers with other employers, to share any consumer reports or investigative consumer reports with any employer where the Company may attempt to place me to work. I agree that a facsimile or copy of this Authorization form, or electronic signature obtained specifically through DataQuest's authorized electronic signature program, shall be valid as an original.

I understand drug/substance abuse testing may be a requirement for the position for which I am applying or for my current position. If required by the Company, I hereby authorize any laboratory, health care clinic, hospital or qualified medical professional coordinated by DataQuest to conduct such testing and to release the results to DataQuest and/or the party with which DataQuest may contract to arrange for such testing. I also authorize DataQuest to provide those results to the Company. I understand that the results of my drug/substance abuse test may be provided to and reviewed by a medical review officer (MRO) before being released to DataQuest and the Company, and that the MRO may discuss the results of the test with me and ask about medical information specifically related to the test. I understand that when this review is complete, only the drug/substance test results will be provided by the MRO to DataQuest and the Company, and that no other medical information about me will be disclosed.

California Applicants or Employees Only: By signing below, I acknowledge receipt of "Notice to California Applicants." Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have the right to receive such a copy under California Law.

New York Applicants or Employees Only: By signing below, I acknowledge receipt of a copy of Article 23-A of New York Correction Law. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Maine Applicants or Employees Only: You have the right to request and promptly receive a copy of any investigative consumer report obtained by the Company. If you wish to receive a copy of any such investigative consumer report, please contact DataQuest directly at P.O. Box 1308, Snohomish, WA 98291, 1-888-443-0135.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

You may have additional rights under your applicable state law, and you may wish to contact your state or local consumer protection agency or a state attorney general (or the equivalent) to learn about those rights.

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

# BACKGROUND CHECK



City Department \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Date sent: \_\_\_\_\_  Seasonal  
 Regular  
 Volunteer

Applicant Name: \_\_\_\_\_ (For Internal Use Only)  
 Last First M.I.

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

**IMPORTANT: Please be sure to have the applicant sign below!**

I certify, to the best of my knowledge and belief, that all statements made on my application and/or attachments are true and correct. I understand that any false or inaccurate information contained as part of this application as the other materials that I have presented to the City of Everett may result in a rejection of my application, a refusal to hire me, removal of my name from the Civil Service Register, or immediate dismissal from City of Everett employment.

I authorize the City of Everett, its officials, employees and/or agents to communicate with my current and former employers, school officials, persons named as references, law enforcement officials, department of licensing and credit verification services, and hereby release and hold harmless the City of Everett its officials, employees, agents, and those contacted from any and all liability, claims, personal injuries, damages or losses, of any nature, arising out of the furnishing and inspection of such documents, records and other information. Furthermore, this release shall be binding on my legal representatives, heirs, and assigns. A photocopy or fax of this certificate will be equally valid as a signed original.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT                      APPLICANT'S PRINTED NAME                      DATE

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN                      PARENT OR GUARDIAN'S (PRINTED NAME)                      DATE  
 (# applicant is under 18)

**(For Office Use Only)**

**Public Records Search (includes Felony Convictions and DMV checks for Washington residents)**

Washington State  
 Other States  \_\_\_\_\_ State (1)  
 \_\_\_\_\_ State (2)

**Driving Records**  \_\_\_\_\_ State D.L.#: \_\_\_\_\_  
 \_\_\_\_\_ State D.L.#: \_\_\_\_\_

**Credit Report**  County: \_\_\_\_\_, \_\_\_\_\_ State  
 County: \_\_\_\_\_, \_\_\_\_\_ State

**Professional License Verification**  Washington State License #: \_\_\_\_\_

**Education Verification**  
 Washington State Degree: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Institution: \_\_\_\_\_  
 \_\_\_\_\_ State Degree: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Institution: \_\_\_\_\_



## Motor Vehicle Records Release Form

\* If you do Not have a driver's license, please put an X thru this form and return with rest of packet.

Date: _____		
Applicant Name: _____		
Last	First	Middle
Date of Birth: _____ Social Security #: _____		
<small>(For Identification Purposes Only)</small>		
Driver's License #: _____		State: _____
Current Address: _____		
_____		
City	State	Zip Code

**IMPORTANT: Please be sure to have the applicant sign below!**

The City of Everett has my permission to conduct a motor vehicle records check to include a driver history records check prior to employment and, if hired, periodically for the duration of my employment with the City. I certify that the foregoing is true and complete to the best of my knowledge. A photocopy or fax of this certificate will be equally valid as a signed original.

\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DRIVER'S PRINTED NAME

\_\_\_\_\_  
DATE SIGNED



**Background Check/Reference Check Waiver Form**  
**(To be completed by the applicant and submitted with the background check form)**

---

Applicant's Name: \_\_\_\_\_

Prospective Position Title: \_\_\_\_\_

I authorize my current or former employers, all the schools or educational and technical institutions I have attended, and the specific employment references I have submitted to the City of Everett to provide the City and its representatives any information they request regarding my current or former employment, my scholastic records or ratings, and my occupational and professional affiliations. I also authorize custodians of any other records and information pertaining to me to release such information upon the request of the City of Everett and its authorized representatives, regardless of any previous agreement to the contrary.

I hereby waive, release and hold harmless the City of Everett, its officers, employees, agents, and any current or former employers, any schools or educational and technical institutions and their employees or agents, and the employment references specifically named from any and all claims, lawsuits, personal/bodily injuries, damages or losses, of any nature, resulting from the release of any information requested by the City of Everett in connection with my application for employment by the City. My authorization and release from liability are voluntary acts and shall be effective only for employment investigations by the City of Everett.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date