

# APPLICATION FOR COMMITTEE OR BOARD APPOINTMENT WITH STEVENS COUNTY

<b>POSITION AVAILABLE:</b>	<b>Library Board</b>
<b>DEADLINE FOR APPLICATIONS:</b>	<b>4:00 p.m. Friday, December 9, 2011</b>
<b>PLACE TO SUBMIT APPLICATIONS:</b>	<b>Stevens County Commissioners' Office 215 S. Oak, Rm#214 Colville, WA 99114</b>

## Part 1. GENERAL INFORMATION

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

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

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Home or Cell
Work
Message

Years at current address: \_\_\_\_\_ If less than three years, please provide

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

If you have received education, training or have worked under any another name(s) please indicate:  
 Name(s): \_\_\_\_\_

Are you related directly or by marriage to any employee of Stevens County?  Yes  No  
 If yes, please complete the information below:  
 Name(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted of a misdemeanor or felony within the past ten (10) years that might unfavorably affect your fitness for any job(s) applied for? *(Answering yes will not automatically bar you from appointment).*  
 Yes  No

How did you learn of this committee or board position? *(optional)* \_\_\_\_\_

## Part 2. EDUCATION AND TRAINING

Circle highest year of education completed

High school 1 2 3 4

GED

College 1 2 3 4 5 6+

List any college, business school, military training and other relevant education

Name	Location	Date to Date	Degree	Major/Minor

List any apprenticeship(s) completed: \_\_\_\_\_  
 \_\_\_\_\_

## Part 3. EMPLOYMENT / VOLUNTEER HISTORY

START WITH YOUR PRESENT OR MOST RECENT JOB. You may include both paid and volunteer experience.

<b>1</b>	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	City, State	Phone	Kind of Business	<input type="checkbox"/> Paid position <input type="checkbox"/> Volunteer	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>2</b>	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	City, State	Phone	Kind of Business	<input type="checkbox"/> Paid position <input type="checkbox"/> Volunteer	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>3</b>	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	City, State	Phone	Kind of Business	<input type="checkbox"/> Paid position <input type="checkbox"/> Volunteer	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>4</b>	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	City, State	Phone	Kind of Business	<input type="checkbox"/> Paid position <input type="checkbox"/> Volunteer	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>5</b>	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	City, State	Phone	Kind of Business	<input type="checkbox"/> Paid position <input type="checkbox"/> Volunteer	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

STEVENS COUNTY ADVISORY AND OTHER BOARD MEMBERS  
CONFLICT OF INTEREST DISCLOSURE STATEMENT

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

\_\_\_\_\_ Current Board Member

\_\_\_\_\_ Candidate for Board

Please describe below any relationships, transactions, positions you hold (*volunteer or otherwise*) that you believe could contribute to a conflict of interest between Stevens County and your personal interests, financial or otherwise:

\_\_\_\_\_ I have no conflict(s) of interest to report.

\_\_\_\_\_ I have the following conflict(s) or possible conflict(s) of interest to report:

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(This form is for disclosure purposes only and such relationships do not necessarily preclude service on a board)

Please describe the reason(s) for your interest in the position you are seeking:

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I declare under penalty of perjury of the laws of the State of Washington that the above is true and correct to the best of my knowledge and belief.

Signed at \_\_\_\_\_ Washington this \_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Signature

**Background Check**

**\*\*Request For Consumer Report\*\***  
**PLEASE PRINT LEGIBLY**

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

Other Names Used in Last 7 Years: \_\_\_\_\_

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

\_\_\_\_\_  
List Any Other Addresses Where You Have Lived for Last 7 Years

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**I UNDERSTAND that Stevens County may obtain a consumer report (background check) on me.**

**I UNDERSTAND that Stevens County will be obtaining ONLY the following information:**  
**[x] criminal record information**  
**[ ] other \_\_\_\_\_**

**I UNDERSTAND that if the County desires to collect any consumer information about me other than that listed above, the County will seek and obtain a new written authorization from me before doing so.**

**I UNDERSTAND that the County will be obtaining *only the information I have authorized above.***

**I UNDERSTAND that the County will take reasonable steps to ensure the confidentiality of this information.**

I hereby **AUTHORIZE** the County to obtain for background check purposes a consumer report on me consisting of the above-listed information only. I acknowledge that I have read and understand the attached Summary of Rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE

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

This Summary was prepared by the FTC and can be obtained at its website (<http://www.ftc.gov>).

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681- 1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For questions or concerns regarding:	Please contact:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal Credit Unions (words “Federal Credit	National Credit Union Administration

Union” appear in institution’s name)	1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051