

Mountain View Fire & Rescue

Required Document Checklist

- _____ Application complete with signature and date.
- _____ Copy of Driver's License. (If out-of-state you must be able to obtain a Washington License within 30 days)
- _____ Copy of First Aid Card (if applicable)
- _____ Copy of EMT certification (if applicable)
- _____ 3 year Driver's Abstract
- _____ BVFF Disability Beneficiary Designation Form
- _____ Group Life Beneficiary Designation Form
- _____ Hold Harmless Physical Agility
- _____ Hold Harmless Fitness Center
- _____ Reimbursement Plan for Training
- _____ Reimbursement Plan for Bunker Gear
- _____ Reimbursement Plan for EMT School
- _____ Reference Check Waiver
- _____ Electronic Media and Communication Policy
- _____ I9 (P.L. 99-630: U.S. Immigration Reform and Control Act of 1986)
- _____ W4
- _____ Driving Record Request. ONLY WITH SIGNATURE. DO NOT DATE IT.



Mountain View Fire & Rescue
King County Fire District #44
32316 148th Ave SE
Auburn, WA 98092-9217

Volunteer Fire Fighter

PERSONAL

An incomplete application may delay or disqualify you. Do not use pencil to complete application.

Name: Last First MI

Street Address Home Phone

City State Zip Code Daytime Phone

Social Security Number Date of Birth

E-Mail Address Cell Phone

In Case of Emergency Contact:

Name: Last First Relationship

Street Address Home Phone

City State Zip Code Cell Phone

How did you hear about Mountain View's Academy? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ___yes___ no

Can you provide proof of a legal right to work in the United States after hire?: ___yes___no

Valid Washington State Driver's License Number: _____

Will you be 18 years or older by date of examination? ___yes___no

I will require special accommodation for the testing process: ___yes___no

What prompts you to make application for a position as a volunteer fire fighter? _____

If accepted into the volunteer program would you be willing to undertake additional education and training? ___yes___no

Have you applied for a volunteer position before? ___yes___no. Is yes, where: _____

EDUCATION/ TRAINING

Type of Schooling	School & Location	Date(s) of Enrollment	Major Course	Degree/ Date
High School or GED				
Business or Tech				
Graduate Studies				
Other Courses and Training				
Military				

Training / Certificates: _____

Special Skills / Professional Licenses: _____

List office equipment you can operate: _____

List heavy equipment or machinery you can operate: _____

Have you graduated from the Washington State Fire Service Training Recruit Academy? ____yes____no.

If yes, give date graduated and sponsoring department name: _____

Do you have a current Washington State Emergency Medical Technician Certificate? ____yes____no.

If yes, expiration date: _____

Do you have a current Washington State First Responder Certificate? ____yes____no.

If yes, give date graduated and sponsoring department name _____

Do you have any wild land firefighting training or experience? ____yes____no.

If yes, give date graduated and sponsoring department name _____

List any firefighting experience you have. _____

WORK HISTORY

Please read carefully: Resumes can be submitted for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment and U.S. Military service. Attach separate sheets if necessary

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time	Supervisor's Name/Title	May we contact?		Phone Number
	Part Time		Yes	No	

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time	Supervisor's Name/Title	May we contact?		Phone Number
	Part Time		Yes	No	

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time	Supervisor's Name/Title	May we contact?		Phone Number
	Part Time		Yes	No	

Duties: _____

Reason for leaving: _____

From (month & year)		Company Name		Your Position/ Title	
To (month & year)		City		Type of Company	
Salary	Full Time	Supervisor's Name/Title	May we contact?		Phone Number
	Part Time		Yes	No	

Duties: _____

Reason for leaving: _____

PROFESSIONAL REFERENCES

List professional references that have known you for 3 years or more:

 Name Address Daytime Phone Number

 Name Address Daytime Phone Number

 Name Address Daytime Phone Number

PERSONAL REFERENCES

List personal references that have known you for 3 years or more:

 Name Address Daytime Phone Number

 Name Address Daytime Phone Number

 Name Address Daytime Phone Number

THE FOLLOWING MUST BE COMPLETED

Have you been convicted of a job related crime or been incarcerated within the last 10 years?
(Do not include non-criminal traffic citations) Yes No

If the answer is "yes" please give the nature of the crime, dates of convictions and the court in which you were convicted:

AGREEMENT, CERTIFICATION and AUTHORIZATION

This statement must not be altered.

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration of, and if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish my record, reason for leaving and all information they may have concerning me to the Board of Fire Commissioners, Mountain View Fire & Rescue (KCFD44). I hereby release any such current or former employers or institutions, their agents or employees and the above listed jurisdictions from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

Signature of Applicant

Date

MEDICAL INFORMATION

Are you able to perform the essential functions of the job without reasonable accommodations?
_____yes_____no

Medical Questionnaire for Respirator users

Age _____ Height _____ Weight _____

Past Respirator History

Have you ever worn a respirator before? _____yes_____no

If yes, describe any difficulties noted with use _____

Medical History

Have you now or have you ever had any of the following:

Lung disease (asthma/COPD)	Yes	No
Persistent cough	Yes	No
Heart troubles	Yes	No
Shortness of breath	Yes	No
History of fainting or seizures	Yes	No
High blood pressure	Yes	No
Diabetes	Yes	No
Fear of tight or enclosed spaces	Yes	No
Sensation of smother	Yes	No
Heat exhaustion or heat stroke	Yes	No
Rupture ear drum	Yes	No
Defective vision (corrective lenses)	Yes	No
Defective hearing	Yes	No
Are you taking medications?	Yes	No
Any medical problems that might Affect your ability to wear a respirator?	Yes	No

Is yes to any of the above, please explain _____

I understand that the examination includes competitive physical tests. I agree to take full responsibility for any injury or results of overexertion and hereby release Mountain View Fire & Rescue (KCFD44), Auburn, Washington and any and all parties delegated as their representatives for this testing procedure from any and all liability for ill effects resulting from these tests.

I also hereby affirm that I am in good physical condition and consider myself physically capable of exerting all the necessary effort to do myself justice in these examinations.

Print name: _____

Date _____

Signature: _____

Mountain View Fire & Rescue BVFF Beneficiary Designation Form

Name _____
Last / First / Middle

Date of Birth _____ Social Security Number _____

Address _____

Phone Number (____) _____ - _____

Cell Phone (____) _____ - _____

PRIMARY BENEFICIARY

Last/ First/ MI DATE OF BIRTH

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

SECONDARY BENEFICIARY (OPTIONAL)

Last/ First/ MI DATE OF BIRTH

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

SIGNATURE & DATE

Mountain View Fire & Rescue Group Life Beneficiary Designation Form

Policy Holder: King County Fire District #44 ~ Policy # 129557-0311/0312

Name _____
Last / First / MI

Date of Birth _____ Social Security Number _____

Address _____

Phone Number (____) _____ - _____

Cell Phone (____) _____ - _____

PRIMARY BENEFICIARY (If the benefit is to be paid to more than one person, please list the name, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all primary beneficiaries must equal 100%).

NAME _____ % _____
DOB _____

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

NAME _____ % _____
DOB _____

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

NAME _____ % _____
DOB _____

RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

SIGNATURE & DATE

Mountain View Fire & Rescue

Physical Agility Test Hold Harmless Agreement

I, _____, fully understand that the Physical Agility test is a rigorous process that includes a risk of injury. Knowing that, I am voluntarily participating in this portion of the process to be administered by King County Fire Protection District 44 and know of no physical or medical conditions that would prevent me from taking part in this test.

Therefore, I hereby agree to hold Fire District 44 and all District 44 employees harmless from any and all liability from injuries or illnesses that may result from my voluntary participation in the Physical Agility test.

Name

Date

Mountain View Fire & Rescue Reimbursement Plan for Training Expenses

King County Fire Protection District 44 agrees to provide basic firefighter training to _____, an interested and qualified volunteer firefighter candidate.

The candidate named above agrees to actively participate in accordance with District policy for a period of twelve (12) months following the successful completion of the Basic Volunteer Firefighter Academy. Twelve (12) months starts effective graduation date for a period of twelve (12) months.

Candidate Name

Date

District Training Representative

Date

Mountain View Fire & Rescue Fitness Center Hold Harmless Agreement

I, _____, fully understand that the use of the Fitness Center includes a risk of injury. Knowing that, I am voluntarily participating in the use of the Fitness Center and all of its equipment and know of no physical or medical conditions that would prevent me from using the facility.

Therefore, I hereby agree to hold Fire District 44 and all District 44 employees harmless from any and all liability from injuries or illnesses that may result from my voluntary participation in the use of the Fitness Center or the use of its equipment.

Name

Date

Mountain View Fire & Rescue Reimbursement Plan for Bunker Gear (PPE)

King County Fire District #44 agrees to provide basic Personal Protective Equipment to _____, an interested and qualified volunteer firefighter candidate.

The candidate name above agrees to reimburse the District for any Bunker Gear lost, damaged or not turned in after discontinuing volunteer status. The full Bunker Gear set is valued up to Four Thousand Dollars (\$4,000). This includes Bunker Pants, Bunker Coat, Helmet, Boots, Gloves, Hood, Hose Belt, Suspenders, MSA Mask, Gear Bag and anything else the District provides with your Bunker Gear.

The Chief is authorized to waive these fees in extreme circumstances.

Name

Date

Mountain View Fire & Rescue Reimbursement Plan for EMT School

King County Fire District #44 agrees to provide basic emergency medical training via an outside agency to _____, an interested and qualified volunteer firefighter candidate.

After completion of an approved EMT program, the volunteer will complete a full twelve (12) month period of active volunteer service.

If the volunteer leaves the program prior to the twelve (12) month period – they agree to reimburse the district a sum equal to full price of payment for the EMT program or pro-rated on months remaining to the completion of one full year.

EMT classes vary. You will receive a copy of the vendor receipt if reimbursement to the district is required.

The Chief is authorized to waive these fees in extreme circumstances.

Name

Date

Mountain View Fire and Rescue

**REFERENCE CHECK WAIVER
WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

To Whom it May Concern;

I hereby authorize you to furnish

**King County Fire Protection District No. 44
32316 148th Ave SE
Auburn, WA 98092
253-735-0284**

with all information that you may have concerning me, my work records, and/or my financial status. Information of confidential or privileged nature may be included. Your reply will be used to assist the Fire Department in determining my fitness and qualifications for the current position I hold or am seeking with the Department.

I hereby release you, your organization, and all others from any and all liability or damage which may result from furnishing the information requested.

Signature

Full Name (please print)

Date of Birth

Date

Records requests to be made:

Washington State Patrol, RCW10.97

State of Washington Department of Motor Vehicles, RCW46.52.130

Other records requests as deemed necessary to conduct KCFD44 business.

**Mountain View Fire and Rescue
King County Fire Protection District 44**

Policy 2.19
January 2001

SUBJECT: Electronic Media and Communication Policy

EFFECTED AREAS: All Personnel

Purpose:

This policy supports efficient operation of the District by providing access to electronic information resources and improving communications between residents of the District and the staff and volunteers who serve them. It is based upon the expectation that computer users will exercise common sense and discretion in keeping with current Department policy. Confidential information is routinely stored or processed on District equipment. Those who use this equipment are expected to take appropriate actions to maintain the confidentiality and integrity of the system and information.

Policy:

Electronic equipment including telephones, faxes, computers, software, and files are property of the District to be used appropriately in the conduct of District business. Use of these tools is a privilege. Equipment users are encouraged and authorized to use these tools to conduct Fire District 44 business or for approved educational courses. While incidental, personal usage of email capability or Internet access is not prohibited, system users are encouraged to keep such usage to a minimum. Large messages (over 1 megabyte) are to be avoided. Internet sessions are typically limited to ten minutes on a shared workstation. Personnel may not use Fire District 44 Internet access or email capability for any of the prohibited usage set forth below.

Prohibited Usage:

Personnel are prohibited from using the District's Internet access or email capabilities for any of the following:

- To make unauthorized public statements
- To disclose confidential information to an unauthorized recipient.
- To transmit defamatory, harassing, sexually oriented or unprofessional message.

- To transmit messages that disparages the District, its personnel or its mission.
- To transmit messages that threatens or implies violence.
- To transmit messages that solicit co-workers or others for non-work related purposes.
- To engage in illegal or unethical activity or activity which violates any District policy or procedure.
- To support or engage in any outside business activity, which materially interferes with the performance of District duties.
- To load software the Chief or designee has not approved in advance.
- To relocate District equipment without authorization.
- To download or view graphics or pictures that are personal in nature, sexually oriented or which would be inappropriate in a work setting.

When using District Internet access and/or email capabilities, personnel are further required to observe all local, State, and Federal laws, including prohibitions on defamation, discrimination, harassment, anti-competitive behavior, and receipt or use of license or copyrighted material. All personnel will abide by District Policy # 2.2 relating to sexual harassment. Any noncompliance with this prohibited usage policy may result in disciplinary action up to and including immediate termination of employment.

Privacy Not Insured:

Personnel are reminded that email activity and Internet access are neither private nor secure communications. Records of email activity and Internet access may be maintained in the District's computer system even if such activity is deleted from a user's individual computer. Moreover, while the District respects the privacy of its personnel, and the District does not routinely monitor email activity or Internet access, The District reserves the right, without prior notice, to review or monitor any member's email activity or Internet access to ensure compliance with this policy. Personal opinions should therefore be clearly identified as such. The District further reserves the right to disclose any information discovered (1) to protect the rights and interests of the District, (2) to law enforcement agencies, or (3) as may be permitted or required by law. Personnel are further reminded that email activity and/or Internet access used in the performance of official duties may constitute a public record subject to disclosure upon property request.

Access to Computer:

Access to the District's computer capabilities is limited to their own computer or other workstation to which access has been specifically authorized. Except for authorized District representatives acting in accordance with or to ensure compliance with this policy, no person is permitted to access any computer or computer files of another. Files of mutual interest should however be shared among employees who may need to update them. Personnel are expected to maintain the security of their computer password. Any unauthorized access to another person's computer or files may result in disciplinary action up to and including termination.

Ownership of Data:

All email, Internet, or other computer activity which creates data transmitted by, received by, or stored in the district's information or computer systems are at all times the sole property of the District. The District may save, change, or delete messages as deemed appropriate. All requests seeking access to electronically stored information should be routed to the Chief or designee. Each person is strongly encouraged to back up his or her work regularly.

Signature is required on following page of this policy. Hard copy to be kept in administrative office.

**Mountain View Fire and Rescue
King County Fire Protection District 44**

Policy 2.19
Electronic Media and Communication Policy
January 2001

Effected Areas: All Personnel

I _____ have read, fully understand and
(Print Name)

agree to comply with the requirements of the Electronic Media and
Communication Policy.

Signature

Date

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
<p>1. U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>4. Voter's registration card</p>	
	<p>5. U.S. Military card or draft record</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
	<p>6. Military dependent's ID card</p>	
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>5. Native American tribal document</p>
	<p>8. Native American tribal document</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>9. Driver's license issued by a Canadian government authority</p>	
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>For persons under age 18 who are unable to present a document listed above:</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>10. School record or report card</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim lower (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w-4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2012
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



Driving Record Request

You may use this form to request **your driving record**. We will mail, email, or fax your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-000-421-0006

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor name (Last, First, Middle Initial)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to King County Fire District #44		
How would you like your driving record sent to you? (Check one only) <input checked="" type="checkbox"/> U.S. mail <input type="checkbox"/> email <input type="checkbox"/> Fax		
Delivery information (Mailing address, email, or (Area code) Fax number) 32316 148th Ave SE, Auburn, WA 98092-9217		
Type(s) of record Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic-related convictions, violations, collisions, suspensions, revocations, and disqualifications. We offer the following types of driving records. Check the box beside the type(s) you need.		
<input checked="" type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies.		
<input type="checkbox"/> Employment record —Used by employers to determine employment eligibility.		
<input type="checkbox"/> Volunteer/Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> School bus driver record —Used to determine if a person should be employed to operate a school bus. This request is to be billed and mailed to school district _____ School district authorization _____ Requestor code _____		
<input type="checkbox"/> Complete record —A complete driving record requested by the person named on the driving record.		
<i>I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.</i>		
_____ Date and place	X Signature (valid for four months)	