

# The City of Boynton Beach



100 E. BOYNTON BEACH BOULEVARD  
P. O. BOX 310  
BOYNTON BEACH, FLORIDA 33425-0310  
HUMAN RESOURCES: (561) 742-6275  
FAX: (561) 742-6274

## CHECK LIST

To: Firefighter Applicants – City of Boynton Beach Fire Rescue Department  
This check list will remain attached to your application through the hiring process.

Name: .....

A **readable copy** of the following documents **must be submitted to the Human Resources Department no later than 5:00pm on May 1, 2009.**  
**Applications and supplemental documents received after 5:00pm on May 1, 2009 will be rejected.**

These forms are specific documents and no substitutions will be accepted.  
Faxes will not be accepted.

- Electronic Application submitted
- Copy of Birth Certificate
- Copy of High School Diploma/GED
- Copy of Military DD214 (if applicable)
- Copy of Social Security Card
- Copy of Florida Driver License
- Non-Use of Tobacco Produce Affidavit
- Pre-Employment Inquiry Authorization Release
- Copy of Candidate Physical Agility Test (CPAT)  
Must be completed within the past year unless you are currently  
working as a Certified Florida Firefighter with another agency.
- Copy of Florida Firefighter Certificate of Compliance
- Copy of Florida EMT or Paramedic Certificate
- Summary of rights under FCRA (*read and keep for your records*)

DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
FLORIDA STATE FIRE COLLEGE

TOBACCO AFFIDAVIT

I....., do hereby affirm that I  
NAME (type or print)

have not been a user of tobacco products for at least one (1) year immediately preceding my application for certification as a firefighter, in accordance with Section 633.35(2), Florida Statutes. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

.....  
SIGNATURE OF APPLICANT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  WHO IS PERSONALLY KNOWN TO ME, OR  WHO HAS  
(NAME OF PERSON ACKNOWLEDGED)

PROVIDED \_\_\_\_\_ AS IDENTIFICATION.

\_\_\_\_\_  
(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT)

\_\_\_\_\_  
(NAME OF ACKNOWLEDGER TYPED, PRINTED OR STAMPED)  
(TITLE OR RANK)  
(SERIAL NUMBER, IF ANY)

# Pre-Employment Inquiry Authorization Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that the **City of Boynton Beach, Fire Rescue Department** or its authorized agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with the **City of Boynton Beach's** consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with the **City of Boynton Beach**, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of **Minnesota or Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by the **City of Boynton Beach, Fire Rescue Department** or our authorized agents, to furnish the information described in Section I.

## APPLICANT – PLEASE COMPLETE THE FOLLOWING:

Signature	Today's Date
Print Name: (First) _____ (Middle) _____ (Last) _____ (Maiden) _____	
Other Names Used _____	
Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____	
Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____	
Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____	

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth	Social Security Number
Driver's License Number and State	Name as it appears on License

Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes If yes, please provide city and state of conviction and details of conviction.

\_\_\_\_\_

\_\_\_\_\_

### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our authorized agent, PeopleScanner.com, has a policy that requires purchasers of these reports to have signed a Service Agreement. This assures PeopleScanner.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact PeopleScanner.com at 190 Haverhill Street, Methuen, MA 01844.

## THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ personally appeared before me and, \_\_\_\_\_ who is personally known to me,  
(Month and day) (Year) (Applicant's Name)

or \_\_\_\_\_ who has provided \_\_\_\_\_ as identification.

Please Affix Seal:

\_\_\_\_\_  
Notary Public Signature / Commission Expires

## Summary of rights under FCRA

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. 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 D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 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