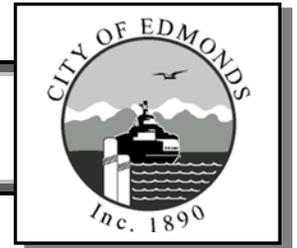


City of Edmonds

Citizen Board and Commission Application

(PLEASE PRINT OR TYPE) NOTE: This form is a public record and may be subject to disclosure upon request



(Board or Commission)

Name: _____

Date: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Cell: _____

E-mail: _____

Occupational status and background: _____

Organizational affiliations: _____

Why are you seeking this appointment? _____

What skills and knowledge do you have to meet the selection criteria? _____

Please list any other Board, Commission, Committee, or official positions you currently hold with the City of Edmonds: _____

Additional comments: _____

Please return this completed form to:

Edmonds City Hall
121 5th Avenue North
Edmonds, WA 98020
carolyn.lafave@edmondswa.gov
Phone: 425.771.0247 | Fax: 425.771.0252

Signature

Request For Conviction/Criminal History Record

Name: _____
(Please Print) (First) (Middle) (Last)

Social Security Number: _____

Date of birth*: _____ Place of birth: _____ (County & State or Country)

DL#: _____ State: _____

Height*: _____ Weight*: _____ Hair color*: _____ Eye color*: _____ Race*: _____

***Used for identification only, not required**

Other names used and dates of use (including maiden name): 1. _____

2. _____ 3. _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, give details (date, crime, location). _____

Note: Disclosure of convictions does not automatically disqualify you for employment.

Current Address: _____

Number, Street, Apartment # (if any), City, State, Zip Code

Previous Address: _____ Dates: _____

Number, Street, Apartment # (if any), City, State, Zip Code

List addresses, cities, states and counties of residence you have lived for the past seven years.

| <u>Address</u> | <u>City</u> | <u>State</u> | <u>County</u> | <u>From</u> | <u>To</u> |
|----------------|-------------|--------------|---------------|-------------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I give permission that a photocopy of this authorization be accepted with the same authority as the original.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You may have additional rights under state law. Request for disclosure of the reporting agency's file should be made in writing within a 60 day time period by certified mail to Background Investigations, Inc. P.O. Box 3366, Lynnwood, WA 98046-3366. A copy of any written reports provided to City of Edmonds will be provided to you if City of Edmonds intends to withdraw its offer because of something in any report. The undersigned hereby acknowledges that he/she has read or has had read to him/her the above statement and has understood it, and agrees to be bound by it.

Signature

Date