

# 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 **(Please read carefully)**
- \_\_\_\_\_ W4
- \_\_\_\_\_ Driving Record Request. ONLY WITH SIGNATURE. DO NOT DATE IT.



Mountain View Fire & Rescue  
 King County Fire District #44  
 32316 148<sup>th</sup> 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 Part Time	Supervisor's Name/Title	May we contact? Yes No	Phone Number	

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

## BACKGROUND

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

THE FOLLOWING ARE AUTOMATIC DISQUALIFIERS – APPLICANTS SHOULD NOT APPLY TO OUR AGENCY IF THEY INDICATE ANY OF THE FOLLOWING:

### Driving

- 1 or more traffic crime convictions in the last 5 years (DWI, Suspended, Reckless, etc.).
- 3 or more moving violations in past 3 years.
- 2 or more at-fault accidents in past 3 years.

### Drug Use

- No illegal sale of ANY drug, including marijuana.
- Must successfully pass the department's medical physical exam which includes a drug screen.

### Criminal Activity

- Any adult felony conviction.
- Convicted of any crime under a domestic violence statute.
- Adult misdemeanor convictions will be carefully reviewed.
- Juvenile felony conviction will be carefully reviewed.
- Unlawful sexual misconduct

### Employment

- Lied during any stage of the hiring process.
- Falsified his or her application, personal history questionnaire, or any other forms during hiring process.

## 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.

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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 148<sup>th</sup> 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.

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**Signature**

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**Full Name (please print)**

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**Date of Birth**

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**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

Effectuated Areas:     All Personnel

I \_\_\_\_\_ have read, fully understand and  
(Print Name)

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

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Signature

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Date

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**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: _____	OR	_____	_____	_____
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)	
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): _____

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	
1. U.S. Passport or U.S. Passport Card	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	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	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa			
4. Employment Authorization Document that contains a photograph (Form I-766)			
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			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
			3. School ID card with a photograph
	4. Voter's registration card		
	5. U.S. Military card or draft record		
	6. Military dependent's ID card		
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	7. U.S. Coast Guard Merchant Mariner Card	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
	8. Native American tribal document	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	9. Driver's license issued by a Canadian government authority	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	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	5. Native American tribal document	
	10. School record or report card	6. U.S. Citizen ID Card (Form I-197)	
	11. Clinic, doctor, or hospital record	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	12. Day-care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security	

**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/w-4](http://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.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	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.) ▶	<b>H</b>	

For accuracy, complete all worksheets that apply. {

- 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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2012</span>
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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability, and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability.</b></li> </ul> 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

106-060-421-0006

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 <b>King County Fire District #44</b>		
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) <b>32316 148th Ave SE, Auburn, WA 98092-9217</b>		
<p>Type(s) of record</p> <p>Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic-related convictions, violations, collisions, suspensions, revocations, and disqualifications.</p> <p>We offer the following types of driving records. Check the box beside the type(s) you need.</p> <p><input checked="" type="checkbox"/> <b>Noncommercial insurance record (3 year)</b>—Used to create and renew vehicle insurance policies.</p> <p><input type="checkbox"/> <b>Commercial insurance record (3 year)</b>—Used to create and renew commercial vehicle insurance policies.</p> <p><input type="checkbox"/> <b>Life insurance record (3 year)</b>—Used to create and renew life insurance policies.</p> <p><input type="checkbox"/> <b>Employment record</b>—Used by employers to determine employment eligibility.</p> <p><input type="checkbox"/> <b>Volunteer/Transit record</b>—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.</p> <p><input type="checkbox"/> <b>School bus driver record</b>—Used to determine if a person should be employed to operate a school bus.</p> <p>This request is to be billed and mailed to school district _____</p> <p>School district authorization _____ Requestor code _____</p> <p><input type="checkbox"/> <b>Complete record</b>—A complete driving record requested by the person named on the driving record.</p> <p><i>I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.</i></p>		
_____	<b>X</b> _____ Signature (valid for four months)	
Date and place		