

**Western Virginia EMS Council-Business Pay # 11113**  
**VOLUNTEER INFORMATION**

APPLICANT'S FULL NAME \_\_\_\_\_  
 Any Other Names Used \_\_\_\_\_  
 Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
 Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_  
 Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level  
 (  GED – provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_  
 Name on GED or under which you graduated \_\_\_\_\_  
 Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry \_\_\_\_\_  
 Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_  
 Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

\*Have you ever been convicted of a crime? Yes  No  (Please attach a separate sheet of paper to provide additional entries)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_  
 Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.  
 (Please attach a separate sheet of paper to provide additional entries)

1. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

**STATE LAW NOTICES**

**Minnesota or Oklahoma applicants or employees only:** Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. \_\_\_\_\_  
**California applicants or employees only:** Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. \_\_\_\_\_  
**California applicants or employees only:** By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_  
**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. \_\_\_\_\_

**Maine applicants or employees only:** Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts applicants or employees only:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State applicants or employees only:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.