



Applegate Valley Fire District

1095 Upper Applegate Road
Jacksonville, OR 97530

(541) 899-1050

Fax (541) 899-9314

www.applegatefd.com

APPLICATION INSTRUCTIONS

Please fill out all sections of this form completely. Failure to do so (including using "see resume") could result in rejection during the selection process. This application and all attachments become the property of the Applegate Valley Fire District and will not be returned to the applicant.

Position applying for: _____

APPLICANT INFORMATION

Name: _____
Last First MI

Address: _____

City State Zip

Home Phone: _____
Mobile Phone: _____
Work Phone: _____
Fax: _____

Mailing Address: _____

City State Zip

May we contact you at work? Yes No

What is the best time to call?
at work: _____
at home: _____

E-Mail Address: _____

Driver's License Number: _____

Issuing State: _____

REFERENCES

Please list two references who can attest to your character:

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

EDUCATION & TRAINING

Name and location of high school: _____ Graduated? Yes No
 If not a high school graduate, do you have a certificate of equivalency (GED)? Yes No
 If yes, date received: _____

List all schools attended beyond high school:

Name and Location of School	Course of Study	Dates Attended	Credits Completed (list quarter or semester)	Type of degree earned

C.P.R. Card	Expires: _____	Issuing Agency: _____	
First Responder	# _____	Expires: _____	Issuing State: _____
E.M.T. - Basic	# _____	Expires: _____	Issuing State: _____
E.M.T. - Intermediate	# _____	Expires: _____	Issuing State: _____
Paramedic	# _____	Expires: _____	Issuing State: _____

List below any licenses or certification (not shown above) you have that may be pertinent to this position. Include the title and number of the license or certificate, the issuing agency and the expiration date:

Please briefly indicate any job-related skills or additional information you feel may be helpful to us in considering your application:

Do you speak a language other than English fluently? Yes No
 if yes, which language(s)? _____

EMPLOYMENT HISTORY

List all work experience, including military and volunteer, beginning with your current or most recent position. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Account for any periods of unemployment or self-employment. If the space provided is not adequate please attach additional sheets.

Employer	Address	From: _____ (Month / Year) To: _____ (Month / Year) Total Time: _____ (Years / Months) Full Time Part Time Hrs/Week: _____ (If varied, indicate average) Paid Unpaid Start Salary: \$ _____ (Monthly) Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
May we contact your current employer? Yes No		
Reason for leaving:		

Employer	Address	From: _____ (Month / Year) To: _____ (Month / Year) Total Time: _____ (Years / Months) Full Time Part Time Hrs/Week: _____ (If varied, indicate average) Paid Unpaid Start Salary: \$ _____ (Monthly) Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		

Employer	Address	From: _____ (Month / Year) To: _____ (Month / Year) Total Time: _____ (Years / Months) Full Time Part Time Hrs/Week: _____ (If varied, indicate average) Paid Unpaid Start Salary: \$ _____ (Monthly) Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		

CONVICTIONS

Have you ever been convicted of, or pled guilty of no contest, or forfeited bond in connection to a felony or misdemeanor other than a minor traffic violation? Yes No

(Conviction is not an automatic bar from employment. Each case is considered separately based on its relation to the duties of the position.)

If yes, please attach an explanation outlining the circumstances of your conviction.
Please include date, charge, nature and place of offense, disposition and court of jurisdiction.

CERTIFICATION, AUTHORIZATION & RELEASE

By my signature below, I certify that all information I provided as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for District employment/participation or in the termination of my District employment/participation. I authorize the Applegate Valley Fire District to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the District any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance necessary to verify my qualifications for employment. I further release the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the Applegate Valley Fire District from all liability whatsoever incurred in obtaining or using such information. The District may make available copies of this authorization available to those contacted.

The Applegate Valley Fire District requires a pre-employment drug-screen. My signature below serves as authorization to the physician to release drug test results. If such results indicate drug use, I understand my application may be rejected or my employment with the District terminated.

During the application process and at any time during the tenure of my employment/service with the Applegate Valley Fire District, I hereby authorize BioMed / ChoicePoint Services Inc., on behalf of the Applegate Valley Fire District to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Printed Name:

Last

First

MI

Address:

City

State

Zip

*Social Security Number:

*Date of Birth:

*this information is for identification purposes only

Signature: _____

Date: _____

In accordance with Federal law, proof of authorization to work in the United States is required upon employment. If, due to a disability, you require special accommodation to participate in the selection process please notify the business office at (541) 899-1050.

The Applegate Valley Fire District is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, marital status, national origin or mental or physical disability unless based on a bonafide occupational qualification.