

Stayton Fire District

Application for Employment

Stayton Fire District provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties. Stayton Fire District reserves the right to waive minimum requirements.

**IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY.
YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.**

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. All information you give on this application will be held in strict confidence.

Position

Position Applying For	Available Start Date	Today's date
-----------------------	----------------------	--------------

Personal Information

Name			
Street Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Phone Number	Email Address		
Social Security Number	Are you at least 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's license number/State	EMT Rating / Certification #		DPSST #
DPSST Certification Levels:			
Have you ever been convicted of any law violations (except a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give a brief explanation on a separate piece of paper.</i>			
Are you now or have you been a member of a recognized fire organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many years?</i> _____			
Can you submit verification of your legal right to work in the United States at the time of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity will be required upon employment)			
Will you take a physical examination if it is required for the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No			

A veteran of the U.S. Military service? Yes No Branch _____
 (Under Oregon Law, armed forces veterans who meet minimum qualifications for a position may be eligible for employment preference. You may qualify for either 5 points as a Qualified Veteran or 10 points as a Qualified Disabled Veteran (or spouse), but not both. If you are a veteran and want to apply for preference points, please submit a completed Veteran's Preference form and the documentation listed on the form.)

Education List any colleges, military, trade, business, or other schools attended.

Do you have a high school diploma or GED Certificate? Yes No

School Name	Location	Diploma/Degree	Major/Minor	Graduate?

Certificates & Licenses List professional license, registration, or certificate required or preferred for position.

Type	Issuing Agency	Date Issued	Date Expires

Employment History Clearly describe all your duties, starting with your most recent job. If you need additional space, attach a separate sheet. Please include any volunteer fire service time as employment.

Employer (1)	Job Title	Dates Employed (from-to)
Address	City	State Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving		
Duties:		
Employer (2)	Job Title	Dates Employed (from-to)
Address	City	State Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving		
Duties:		

Employer (3)	Job Title	Dates Employed (from-to)	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties:			

References			
Name: _____	Title: _____	Company: _____	
Relationship to you: _____	Phone: _____	Email: _____	
Name: _____	Title: _____	Company: _____	
Relationship to you: _____	Phone: _____	Email: _____	
Name: _____	Title: _____	Company: _____	
Relationship to you: _____	Phone: _____	Email: _____	

SKILLS / INFORMATION: (Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.)

By my signature below, I certify that all answers and statements on this application or attached material are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, or my employment with the agency terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment and further give my permission for the agency or their agent(s) to conduct the required background checks, including a police records check.

_____ Initials

Further, the employing agency will require a pre-employment physical with a physician retained by the agency. Such physical will include a drug-screening test. My signature below authorizes the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate an inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

_____Initials

I authorize the employing agency to verify the employment and education information this employment application provides.

_____Initials

I understand that if the district terminates my employment for dishonesty, breach of trust, or any criminal acts, the authorities may be notified, and I may be criminally prosecuted.

_____Initials

I understand that this application does not, by itself, create a contract of employment.

_____Initials

I authorize my driving record to be checked if the position I am applying for requires driving.

_____Initials

If I am hired, I understand that I must provide proof that I am authorized to work in the United States in accordance with federal law.

_____Initials

I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation.

_____Initials

I understand and agree that, if hired, MY EMPLOYMENT IS TEMPORARY, FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to District policies and rights provided by written contract.

_____Initials

I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

_____Initials

SIGNATURE: _____ **DATE:** _____

Return application and résumé to:
Stayton Fire District
1988 W. Ida St.
Stayton OR 97383

Applications must be returned in person or by mail.