



Date & Time Received / By (initial):

**Assistant Chief
APPLICATION**

PLEASE PRINT LEGIBLY

The Depoe Bay Fire District is an equal opportunity employer and does not unlawfully discriminate on basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, continue your answers on a separate sheet of paper. No action can be taken on this application until all questions have been answered.

**APPLICATIONS ARE PART OF THE TESTING PROCESS!
INCOMPLETE APPLICATION WILL BE DISQUALIFIED**

FULL NAME: _____
(Last) (First) (Middle)

ADDRESS: _____ **CITY:** _____
(Street)

ADDRESS: _____ **CITY:** _____
(Mailing)

STATE: _____ **ZIP CODE:** _____

PHONE #s: Home: _____ **Business:** _____

May we contact you at work? Yes () No ()

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

SOCIAL SECURITY NUMBER: _____

Would you take a physical examination if it is required for the job for which you are applying? Yes () No ()

Are you at least eighteen years of age? Yes () No ()

Do you have any physical limitations, which would prevent or impair performance of the job for which you are applying?
Yes () No ()

Have you ever been a member of the Depoe Bay Fire District? Yes () No () If yes, when: _____

Have you ever applied at Depoe Bay Fire District before? Yes () No () If yes, when: _____

EDUCATION:

High school _____ Location _____

Graduated (Y) (N) or GED (Y) (N)

College Name	Location	Dates	Credits	Major	Degree

SPECIAL TRAINING:

List additional Education and/or Technical Training Received that you have that might be related to your position.

SKILLS & TALENTS:

List any skills, talents, or experiences that you feel relate to the position that might be helpful to the Fire District - such as projects, licenses, certificates, vocational or technical programs, military training, hobbies, etc.

REFERENCES:

List 5 references, three that are not relatives or former employers, giving complete names, addresses, occupation and number of years known.

Name	Address	City/State	Occupation	#Years
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

List addresses for the last 5 years if less than 5 years at current address given above:

Dates	Address	City	State	Zip Code

EMPLOYMENT HISTORY:

List **any and all** previous Firefighting, EMS, Law Enforcement, Emergency Response, Payroll or Accounts Payable experience:

Dates:

From	To	Department, District or Agency	Supervisor Name and Title

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). Please provide month and year.

1. Employment or Company: _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ To: _____
Beginning Salary: _____ Ending Salary: _____ May we contact this employer? Yes () No ()
Description of Duties: _____
Reason for Leaving: _____

2. Employment or Company: _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ To: _____
Beginning Salary: _____ Ending Salary: _____ May we contact this employer? Yes () No ()
Description of Duties: _____
Reason for Leaving: _____

3. Employment or Company: _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ To: _____
Beginning Salary: _____ Ending Salary: _____ May we contact this employer? Yes () No ()
Description of Duties: _____
Reason for Leaving: _____

4. Employment or Company: _____
 Address: _____ Phone: _____
 Immediate Supervisor and Title: _____
 Job Title: _____ From: _____ To: _____
 Beginning Salary: _____ Ending Salary: _____ May we contact this employer? Yes () No ()
 Description of Duties: _____

 Reason for Leaving: _____

5. Employment or Company: _____
 Address: _____ Phone: _____
 Immediate Supervisor and Title: _____
 Job Title: _____ From: _____ To: _____
 Beginning Salary: _____ Ending Salary: _____ May we contact this employer? Yes () No ()
 Description of Duties: _____

 Reason for Leaving: _____

DRIVING RECORD:

List **any and all** driving citations and/or chargeable accidents you have had within the last 3 years. If none, mark N/A ()

Date	Infraction	Court

ARREST AND COURT RECORD:

List **all** instances in which you have been convicted of breaking any law, except traffic citations. If none, mark N/A ()

Date	Place	Charge	Disposition

As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and if necessary, to complete the U.S. Immigration and Naturalization Service Form I-9.

AFFIDAVIT:

I certify that the answers given herein are true and complete to the best of my knowledge. I agree that the Fire District shall not be liable in any respect if membership is denied me or if my membership is terminated because of false, incomplete or misleading information in my application or interviews. I also authorize the companies, schools or persons named above to release to the Fire District all information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the Fire District any knowledge or information thereafter acquired. I understand that nothing contained in this membership application or in the granting of an interview creates a contract between the Fire District and myself for membership and/or employment or any other benefit. No promises regarding membership have been made to me and I understand that no such promise or guarantee is binding upon the Fire District. If an membership relationship is established, I understand that unless specifically limited in formally executed contract, I have the right to terminate my membership at any time for any reason and the Fire District retains a similar right.

By my signature below, I certify that all answers and statements on this application 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, my name removed from consideration or my appointment terminated.

I acknowledge that my appointment is subject to my compliance with the rules, regulations and requirements of the Fire District, and I understand that I may be terminated for violation of such regulatory or statutory requirements.

Date

Signature

RELEASE OF INFORMATION

AFFIDAVIT

I authorize the companies, schools or persons named above to release to the Fire District all information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

I also authorize Depoe Bay Fire District to receive from the State or Oregon or any other organization, information relative to my past driving record, criminal record or other information which, in the view of the Fire District might reflect on my position or appointment. I acknowledge that my date of birth is necessary to acquire this information.

I expressly waive all provision of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to Depoe Bay Fire District any knowledge or information thereby acquired. Further, I agree to the performance of a medical examination by the Fire District's medical advisor.

DATE OF BIRTH _____
Month/date/year

SIGNATURE

WITNESS

DATE

DATE

**DISCLOSURE AND RELEASE FORM
EMPLOYEE DRIVING RECORD INFORMATION**

1. In connection with my employment (or my application for employment), I hereby give permission to Depoe Bay Fire District, (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any party or agency contacted by Employer, to furnish the above-mentioned information.
4. I understand I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by Employer for the duration of my employment and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.
6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
7. Employer must notify me in writing of any such adverse action.
8. I have the right to receive a copy of the driving record upon which the adverse action is based.
9. I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer-reporting agency that provided my driving record to Employer.
10. I have the right to obtain a free copy of my driving record from the agency that provided it, if such a request is made within 60 days from the date that Employer took adverse action.
11. I have the right to dispute the accuracy or completeness of my driving record with the consumer-reporting agency that provided it, and request that errors be corrected.

EMPLOYEES' NAME

EMPLOYEE'S SIGNATURE

DATE SIGNED

SOCIAL SECURITY #

DRIVER'S LICENSE # & STATE