



PHILOMATH FIRE & RESCUE

1035 Main Street
PO Box 247
Philomath, OR 97370
541-360-0030
541-360-0013 FAX
Website: www.philomathfire.com

EMPLOYMENT APPLICATION

Position Applied For: **FIREFIGHTER LIEUTENANT**

Philomath Fire & Rescue considers applicants for all positions without regard to race, color, religion, national origin, sex, age, disability, marital status, or any other legally protected class or status.

DIRECTIONS: Please print or type. Supply an answer to every question. If a question is not applicable to you, write N/A in the blank. If additional space is needed, attach additional sheets. **DO NOT** misstate or omit material facts. The statements made herein are subject to verification to determine your qualifications for employment. False statements or omission of pertinent facts will preclude you from employment.

Name: _____ Date: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Best time to contact you: _____

Email Address: _____

Date available to start working: _____

Firefighter/EMS positions only: Are you at least age 18? Yes No

Are you a United States citizen? Yes No

Are you a Veteran? Yes No

Do you want your Veteran Status to be considered as part of your application? Yes No

If yes, please include DD214 or DD215 with your application.

Driver's License number: _____ Issuing State: _____

EDUCATION

High School/GED

Name and Address _____

Course of Study _____

Graduated? Y / N # of years completed _____ Diploma/GED or Equivalent: Yes No

College

Name and Address _____

Course of Study _____

Graduated? Y / N # of years completed _____ Diploma/Degree _____

Trade Business/Additional Education

Name and Address _____

Course of Study _____

Graduated? Y / N # of years completed _____ Diploma/Degree _____

Minimum Requirements:

Please indicate whether you have the below qualifications. If you mark Yes, please attach proof of certification.

- | | | | | | |
|------------------------------|-----|----|---|-----|----|
| • NFPA Firefighter II | Yes | No | • NWCG Firefighter Type I | Yes | No |
| • NFPA Pumper Operator | Yes | No | • NFPA Mobile Water Supply Apparatus Operator | Yes | No |
| • Incident Safety Officer | Yes | No | • NFPA Instructor I | Yes | No |
| • Haz Mat Incident Commander | Yes | No | • NIMS 200 & 800 | Yes | No |

Preferred Qualifications:

Please indicate whether you have the below qualifications. If you mark Yes, please attach proof of certification.

- | | | | | | |
|------------------------|-----|----|--|-----|----|
| • NFPA Aerial Operator | Yes | No | • Fire Inspector for the Company Officer | Yes | No |
| • NFPA Fire Officer I | Yes | No | • NREMT or OHA AEMT or higher | Yes | No |

List any additional special training, licenses, certificates, machine skills, office equipment, computer programs, languages, or other special skills you have that may be pertinent to the position for which you are applying:

PERSONAL / PROFESSIONAL REFERENCES

DO NOT list any family members or past supervisors.

1.	_____	_____	_____	_____
	Name	Phone #	Best time to call	Occupation
2.	_____	_____	_____	_____
	Name	Phone #	Best time to call	Occupation
3.	_____	_____	_____	_____
	Name	Phone #	Best time to call	Occupation
4.	_____	_____	_____	_____
	Name	Phone #	Best time to call	Occupation
5.	_____	_____	_____	_____
	Name	Phone #	Best time to call	Occupation

EMPLOYMENT AND/OR VOLUNTEER HISTORY

Begin with your **current** or **most recent** employer or volunteer activity.

Employer: _____

Address: _____

Supervisor's Name/Title/Phone number _____

Job Title _____

Dates of Employment _____ Hours per week _____

Specific Duties _____

Reason for leaving _____ May we contact this employer Y / N

Employer: _____

Address: _____

Supervisor's Name/Title/Phone number _____

Job Title _____

Dates of Employment _____ Hours per week _____

Specific Duties _____

Reason for leaving _____ May we contact this employer Y / N

Employer: _____

Address: _____

Supervisor's Name/Title/Phone number _____

Job Title _____

Dates of Employment _____ Hours per week _____

Specific Duties _____

Reason for leaving _____ May we contact this employer Y / N

Employer: _____

Address: _____

Supervisor's Name/Title/Phone number _____

Job Title _____

Dates of Employment _____ Hours per week _____

Specific Duties _____

Reason for leaving _____ May we contact this employer Y / N

Include explanation of any gaps in employment:

List any other prior experience, whether paid or volunteer, relating to the duties of the position for which you are applying.

IMPORTANT

Please read carefully and initial each paragraph.

By my signature and initials placed below, I affirm that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false information, misrepresentations, or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District, if any license, certification, accreditation is revoked or restricted, or upon the conviction of a felony, or any crime involving dishonesty or a breach of trust.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers and listed references. I understand that the District may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that the Federal Fair Credit Reporting Act I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____ Initials

I authorize any person, school, current employer (except as previously noted, past employer (s), and organizations named in this application form (and accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

If the District makes an offer of employment to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

_____ Initials

I understand that if my employment status is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if I am accepted for a paid position, I may not hold other employment, nor engage in sales or other activities that create a conflict of interest with my position with this District and I agree to follow Oregon Government Ethics Committee Guide for Public Officials.

_____ Initials

I understand that this application does not, by itself, create a guarantee of employment status. I understand and agree that, if hired for a paid position, the terms of employment shall be governed by the policies of the District. Unless specifically provided otherwise in such bargaining agreements or policies, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, unless otherwise prohibited, BE TERMINATED AT ANY TIME BY EITHER PARTY. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS APPLICATION FORM. I hereby certify that this application contains no misrepresentation or falsification, and that the information given is true and complete to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or omission of any information stated in, or requested by this application, is cause for cancellation of the application and/or dismissal from employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____

Date: _____

Name (print): _____

DISCLOSURE

As part of the volunteer/employment process, Philomath Fire and Rescue, will obtain a consumer report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my volunteer/employment with Philomath Fire and Rescue, I hereby authorize BIO-MED/Choicepoint Services Inc., on behalf of Philomath Fire and Rescue, to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts' 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, personal characteristics or mode of living.

Applicant Name (print): _____ Date Signed _____

Other Names used : _____

Street Address: _____

City, State, Zip: _____

Applicant Signature _____

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to Philomath Fire & Rescue any documents or confirmation that it may request. I have authorized Philomath Fire & Rescue to inquire concerning my background in connection with an application for employment for the District. I agree to hold you and your agents and employees harmless from all liability, which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment, which may be provided.

Dated: _____ Signature: _____

Name (print): _____