



# PHILOMATH FIRE & RESCUE

1035 Main Street  
PO Box 247  
Philomath, OR 97370  
541-360-0030  
541-360-0013 FAX  
Website: [www.philomathfire.com](http://www.philomathfire.com)

## VOLUNTEER APPLICATION

MEDICAL  FIRE  COMMUNITY VOL./ SIREN  RESIDENT VOLUNTEER

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.

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date available to start participating: \_\_\_\_\_

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

Are you a United States citizen? Yes No

Do you have a High School diploma or GED? Yes No

Are you a Veteran? Yes No

Driver's License number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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:

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**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

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

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## **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): \_\_\_\_\_ Initials \_\_\_\_\_

**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 and rescue any documents or conformation that it may request. I have authorized Philomath Fire and 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): \_\_\_\_\_