



SCAPPOOSE FIRE DISTRICT

APPLICATION FOR SCAPPOOSE RURAL FIRE DISTRICT VOLUNTEER

The Scappoose Fire District considers applicants without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status or any other legally protected status.

Position Desired: Firefighter

EMT

Support

Intern

Date:

(Check any that are desired)

Name:	_____		
	LAST	FIRST	MIDDLE
Address:	_____		
	STREET	CITY	STATE ZIP
Home Phone:	Cell Phone:	Email: _____	

EDUCATION TRAINING RECORD

Education: List school & location	Type of Training or Major	Completion Date	Degree or Certificate

LIST LICENSES OR CERTIFICATES

(Please submit a copy of any certifications or licenses listed below)

Title of license or Certificate	Number	Issuing Agency	Date issued Date expired

**LIST ALL WORK EXPERIENCE INCLUDING VOLUNTEER, INTERN & MILITARY
(ATTACH ADDITIONAL PAGES IF NECESSARY)**

Name of present Employer	Kind of Business	Address & Phone #	

Job Title	Supervisor	Supervisor's Job Title	May we contact?

Job Duties

Name of previous Employer	Kind of Business	Address & Phone #	

Job Title	Supervisor	Supervisor's Job Title	May we contact?

Job Duties

Name of previous Employer	Kind of Business	Address & Phone #	

Job Title	Supervisor	Supervisor's Job Title	May we contact?

Job Duties

**AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)**

TO WHOM IT MAY CONCERN

I respectfully request and authorize you to furnish the Scappoose Fire District with any and all information that you may have concerning me, my position and educational records, my reputation, any and all criminal records, including juvenile records (that have not been expunged) and photo copies of the same if possible, and my financial and credit status. Your cooperation in this reply will be used to assist the Fire District in determining my qualifications and fitness for the position I am seeking with the Scappoose Fire District.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature

Social Security #

(Please print your full name)

Date of Birth

Please attach a copy of your Drivers License

Date

I hereby authorize the release of my Military Service Records to the Scappoose Fire District, Scappoose, Oregon.

Dated: _____ Signature: _____

Selective Service Number: _____

State of Oregon, County of _____

This instrument was acknowledged before me on the _____ day of _____, 20 _____ by

(Name of person)

Notary Public

Commission Expires

Note: A photocopy reproduction of this request shall be for all intends and purposes as valid as the original. You may retain this form for your files.

THIS FORM MUST BE NOTARIZED.