



SERVICE, DEDICATION, PRIDE

OFFICE USE ONLY	
Date Received:	_____
Time Received:	_____
Initials:	_____

SCAPPOOSE RURAL FIRE DISTRICT APPLICATION FOR EMPLOYMENT

Applying for:	<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic
---------------	------------------------------	------------------------------------

Please Type or Print

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. At its own expense the District may arrange for a surety bond for each of its employees. Unless the applicant’s background is acceptable to a surety company, it will be difficult to secure this bond, and we may be unable to offer employment. Scappoose Rural Fire District is an equal opportunity employer. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the District.

APPLICANTS MUST INCLUDE COPIES OF ALL CERTIFICATIONS AND VALID DRIVER’S LICENSE

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL		
ADDRESS	CITY	STATE	ZIP CODE	
PRIMARY PHONE	ALT PHONE	EMAIL ADDRESS		
DRIVER’S LICENSE #	STATE	EMERGENCY MEDICAL TECHNICIAN CERTIFICATION # & LEVEL		
MILITARY SERVICE LEVEL	BRANCH	RANK	STATUS	DATE OF DISCHARGE
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?	YES	NO		

EDUCATION – List education (high school, trade school, and college)

NAME/LOCATION	YEARS ATTENDED	GRADUATE? YES/NO	MAJOR

EMPLOYMENT Provide information for at least the past ten years.

CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR’S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR’S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE #

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE #

PROFESSIONAL/COMMUNITY INVOLVEMENT

AFFILIATIONS/MEMBERSHIPS

LICENSES/CERTIFICATIONS

ACCOMPLISHMENTS AND/OR SPECIAL SKILLS

PERSONAL/PROFESSIONAL REFERENCES (Not relatives or previous employers)

PLEASE READ BEFORE SIGNING

STATEMENT OF TRUTHFULNESS OF APPLICANT'S FACTS

I hereby certify that the information given by me on this application is, to the best of my ability, true and accurate. I understand that this application contains the minimal amount of information needed to verify my qualifications for the advertised position. If hired, I will be requested to supply additional information necessary to begin my employment. I further understand that any misrepresentation or omission of information called for in this application is cause for cancellation of this application and/or dismissal of employment.

Signature: _____ Date: _____

Have you been convicted of a felony on or after your eighteenth birthday? (Do not include minor traffic violations or arrests without convictions). **Yes** **No**

If yes, please give a short explanation outlining the circumstances of your conviction in the space below. Please indicate date, nature and place of offense and disposition. Convictions are not necessarily disqualifying.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, have made application for employment with Scappoose Rural Fire District. I hereby authorize Scappoose Rural Fire District and/or its agents to verify the information given by me on this application. I understand that the Fire District or its agents may contact my former employers, my current employer, law enforcement agencies, State and Federal Agencies and departments, educational institutions, and private business corporations that I have referred to on my application. I further understand that the Fire District and its agents will use this verification process in a confidential manner.

Signature: _____ Date: _____