



Clatskanie Rural Fire Protection District

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016
Phone (503) 728-2025 Fax (503) 728-4388 Email ssharek@clatskaniefire.org

Application for Seasonal Employment – Firefighter/EMT/Wildland

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. At its own expense, the employing fire 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. Clatskanie Fire District is a 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 a representative of the Department.

APPLICANTS MUST INCLUDE COPIES OF EDUCATION CERTIFICATES, AND VALID DRIVERS LICENSE FOR

APPLICATIONS SCORING AND HIRING LIST CONSIDERATION

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	ALT PHONE	EMAIL ADDRESS	
DRIVERS'S LICENSE #	STATE	EMERGENCY MEDICALTECHNICIAN CERTIFICATION # & LEVEL	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Are you a current or former volunteer or student intern with one of the following districts?

- Clatskanie Rural Fire District
- Columbia River Fire & Rescue
- Scappoose Rural Fire District

Date service started: _____ Date service ended: _____

Are you a current or former employee with one of the following districts?

- Clatskanie Rural Fire District
- Columbia River Fire & Rescue
- Scappoose Rural Fire District

Date service started: _____ Date service ended: _____

EDUCATION – List education high school, trade schools, and college

NAME/LOCATION	YEARS ATTENDED	GRADUATED	MAJOR

EMPLOYMENT

CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME CONTACT THEM?	PHONE #	MAY WE

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 #	

PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

List at least 2 professional references and 1 personal reference

NAME	ADDRESS	PHONE #	YEARS KNOWN

PLEASE READ BEFORE SIGNING

STATEMENT OF TRUTHFULNESS OF APPLICANTS 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 the Clatskanie Fire District. I hereby authorize Clatskanie 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: _____

MILITARY SERVICE ONLY

I

_____ ,
have made application for Clatskanie Fire District, and/or its representative employers, and hereby authorize the Clatskanie Fire District and/or its agents to verify the information given by me on this application. I hereby authorize the release of Military Service Records.

Signature: _____

Date: _____

Selective Service #: _____