

Sweet Home

Fire & Ambulance District

District Employment/Volunteer Application And Background Form

Position Applying For:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Firefighter | <input type="checkbox"/> Full-Time Firefighter/Paramedic |
| <input type="checkbox"/> EMS Volunteer | <input type="checkbox"/> Part-Time EMT |
| <input type="checkbox"/> Support Volunteer | <input type="checkbox"/> Other: _____ |

Name: _____ Date: _____

Other Names Used: _____

Telephone Number: Home: _____ Cell: _____

Email Address: _____

Current Residence Address: _____

Current Mailing Address: (If Different) _____

List All Cities You Have Lived In Your Lifetime: _____

Current Driver's License Number: _____ State Issued: _____

Military Veteran: Yes No Disabled Veteran Yes No

If yes you must submit DD214 or 215 or letter from the U.S. department of veteran's affairs (VA) indicating service-connected disability rating in order to receive veterans and/or disability points.

Please check any of the following certifications or equivalent training that you possess. (Must attach documentation for credit)

- | | |
|---|--|
| <input type="checkbox"/> NFPA Firefighter I | <input type="checkbox"/> NFPA/NWCG Wildland Interface Firefighter |
| <input type="checkbox"/> NFPA Firefighter II | <input type="checkbox"/> NFPA/NWCG Wildland Interface Engine Boss |
| <input type="checkbox"/> DPSST Fire Ground Leader | <input type="checkbox"/> NFPA Vehicle Rescue Technician |
| <input type="checkbox"/> NFPA Fire Officer I | <input type="checkbox"/> NFPA Swift/Surface Water Rescue |
| <input type="checkbox"/> NFPA Driver | <input type="checkbox"/> NFPA Rope Rescue Technician |
| <input type="checkbox"/> NFPA Pumper Operator | <input type="checkbox"/> Current CPR Card |
| <input type="checkbox"/> NFPA Aerial Operator | <input type="checkbox"/> EMT <input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-I |
| <input type="checkbox"/> NFPA 472 HAZMAT Operations | <input type="checkbox"/> Paramedic |

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Employment History

Beginning with your present or most recent job, completely describe your work experience during the past ten years. In addition, list any other prior experience related to the duties of the position for which you are applying, including all non-paid or volunteer work. You may attach a resume, but you may not substitute a resume for completion of this section. Include all fire service affiliations

Employer: _____ Address: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Full-Time: Part-Time: Volunteer: Specific Duties: _____

Reason For Leaving: _____

Employer: _____ Address: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Full-Time: Part-Time: Volunteer: Specific Duties: _____

Reason For Leaving: _____

Employer: _____ Address: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Full-Time: Part-Time: Volunteer: Specific Duties: _____

Reason For Leaving: _____

Employer: _____ Address: _____ From: _____ To: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Full-Time: Part-Time: Volunteer: Specific Duties: _____

Reason for Leaving: _____

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I hereby certify and affirm that all statements made in this application or appended to it are true and correct, to the best of my knowledge. Additionally, I have made no willful omissions or minimized any of the facts and circumstances as to my personal history. I am aware that withholding pertinent information or information found to be materially or grossly inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination, if I am employed. I understand this is not to be considered as an indication of probable obligation upon the District to make an appointment, but is only a part of the selection process

I fully recognize that under Oregon Law, individuals must clearly demonstrate their personal and moral fitness to serve in a position with the Sweet Home Fire and Ambulance District, and the burden of proof of my fitness under Oregon Law falls upon me. I further recognize that SHFAD has both a legal and moral obligation to take every reasonable effort to ensure that any person employed by them will conform to the very highest standards. I understand that I am authorizing an intensive investigation into all aspects of my personal and moral fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my suitability. I also understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning my suitability unless the confidentiality of their information can be guaranteed on a permanent basis. In the event my background investigation for this position should uncover information that I have, or am suspected of having engaged in illegal activities, this information will likely bar me from further consideration for this position. Further, this information may be transmitted to my employer and/or the appropriate authority for their independent investigation. I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy. Therefore, I exonerate, release and discharge the Sweet Home Fire and Ambulance District, its investigators, agents or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration. I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

Signature: _____ Date: _____