



Douglas County Fire District No. 2
 1400 Buckhorn Road • Roseburg, Oregon 97470
 541.673.5503 • FAX 541.673.5505
 Greg Marlar, Fire Chief

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: Paid Fire Fighter <input type="checkbox"/> Volunteer Fire Fighter <input type="checkbox"/> <input type="checkbox"/> Other _____

Douglas County Fire District No. 2 makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicap or other protected classification unrelated to job performance.

This application will be considered only for the specific job applied for. It will not be retained. Use one application for each position. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** If you desire to be considered for a position at a future time, you must file a new application.

Please fill out carefully, using a typewriter or ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

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NAME:

First Name	Middle Initial	Last Name
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ADDRESS:

Number and Street	City	State	Zip Code
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Are you 18 years of age: Yes No

<p style="text-align: center;">SOCIAL SECURITY NUMBER</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">DRIVERS LICENSE</p> <p>Number: _____ State: _____</p>	<p>TELEPHONE:</p> <p>Residence: (____) _____</p> <p>Business: (____) _____</p> <p>Message: (____) _____</p>
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Have you ever been convicted of a felony on or after your 18th 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. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying.

It is the policy of Douglas County Fire District No. 2 to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by the District.

EDUCATION AND FORMAL TRAINING
HIGH SCHOOL OR G.E.D.
Did you graduate from high school or obtain a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, list the name and location of the high school or place where G.E.D. was obtained.

Please describe any other education, training, qualifications, or skills that you think are relevant to the position for which you are applying.

REFERENCES			
NAME	ADDRESS	PHONE #	OCCUPATION

Do you have any mental or physical condition that would substantially hinder or prevent the performance of the essential duties of this position? If yes, please explain in detail and indicate what accommodations, if any would permit you to perform the duties in question.

EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past 10 years if you have worked that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. Explain significant breaks in work experience. You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable. If you need additional space, attach additional sheets.

EMPLOYER	ADDRESS	FROM Year Month /
JOB TITLE	SUPERVISOR'S PHONE NUMBER	TO Year Month /
DUTIES (BE SPECIFIC)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING	

EMPLOYER	ADDRESS	FROM Year Month /
JOB TITLE	SUPERVISOR'S PHONE NUMBER	TO Year Month /
DUTIES (BE SPECIFIC)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING	

EMPLOYER	ADDRESS	FROM Month / Year
JOB TITLE	SUPERVISOR'S PHONE NUMBER	TO Month / Year
DUTIES (BE SPECIFIC)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		REASON FOR LEAVING

EMPLOYER	ADDRESS	FROM Year Month /
JOB TITLE	SUPERVISOR'S PHONE NUMBER	TO Year Month /
DUTIES (BE SPECIFIC)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING	

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In this application or in any accompanying materials may result in cancellation of the application and/or termination from employment or volunteer status if I have been employed. I understand that as a part of the District employee examination, for any position that involves fire fighting as a part of the essential duties, it will be necessary to demonstrate my strength, endurance, and physical agility in a series of tests. Therefore, I hereby release Douglas County Fire District No. 2 from any and all liability or claims for injury or damage caused as a direct result of this strength, endurance, and physical agility test.

In consideration of any employment, I agree to conform to the rules and regulations of the District.

I certify that I have read all of this application and that the information I have provided above is true and correct.

SIGNATURE _____

DATE _____

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume', if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment or volunteer status, 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 I should be convicted 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, listed references, schools, and organizations named in this application.

_____ Initials

I also authorize any person, current employer (unless otherwise noted in this application form), past employers, listed references, schools and organizations named 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 or volunteer status to me contingent upon passing a pre-employment physical examination, including a drug screening examination 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 or volunteer status is terminated by the District for dishonesty, breach of trust, or any criminal act, 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 the District.

_____ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired for a paid position, the terms of my employment shall be governed by any applicable collective bargaining agreements or 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. I understand that no person is authorized to change any of the terms mentioned in this application form.

_____ Initials

SIGNATURE _____

DATE _____

RELEASE AND WAIVER

To Whom it May Concern:

I, _____, request and authorize you to disclose to Douglas County Fire District No. 2 any documents or information that may be requested. I have authorized Douglas County Fire District No. 2 to inquire concerning my background in connection with my application for employment or my application to be a volunteer for the District.

I agree to hold you and your agents and employees harmless for 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.

SIGNATURE _____

DATE _____