



# Applegate Valley Fire District

1095 Upper Applegate Road  
Jacksonville, OR 97530

(541) 899-1050

Fax (541) 899-9314

www.applegatefd.com

## EMPLOYMENT APPLICATION

Please fill out all sections of this form completely. Failure to do so (including using "see resume") could result in rejection during the selection process. This application and all attachments become the property of the Applegate Valley Fire District and will not be returned to the applicant.

Position applying for: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

May we contact you at work? Yes No

What is the best time to call?  
at work: \_\_\_\_\_  
at home: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Are you over 18 years of age?: Yes No

### REFERENCES

Please list two references who can attest to your character:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

## EDUCATION & TRAINING

Name and location of high school: \_\_\_\_\_ Graduated? Yes No  
 If not a high school graduate, do you have a certificate of equivalency (GED)? Yes No  
 If yes, date received: \_\_\_\_\_

List all schools attended beyond high school:

Name and Location of School	Course of Study	Dates Attended	Credits Completed (list quarter or semester)	Type of degree earned

C.P.R. Card	Expires: _____	Issuing Agency: _____	
First Responder	# _____	Expires: _____	Issuing State: _____
E.M.T. - Basic	# _____	Expires: _____	Issuing State: _____
E.M.T. - Intermediate	# _____	Expires: _____	Issuing State: _____
Paramedic	# _____	Expires: _____	Issuing State: _____

List below any licenses or certification (not shown above) you have that may be pertinent to this position. Include the title and number of the license or certificate, the issuing agency and the expiration date:

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Please briefly indicate any job-related skills or additional information you feel may be helpful to us in considering your application:

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Do you speak a language other than English fluently? Yes No  
 if yes, which language(s)? \_\_\_\_\_

## EMPLOYMENT HISTORY

List all work experience, including military and volunteer, beginning with your current or most recent position. 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. Account for any periods of unemployment or self-employment. If the space provided is not adequate please attach additional sheets.

Employer	Address	From: _____ (Month / Year) To: _____ (Month / Year) Total Time: _____ (Years / Months) Full Time    Part Time Hrs/Week: _____ (If varied, indicate average) Paid        Unpaid Start Salary:\$ _____ (Monthly) Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
May we contact your current employer?        Yes        No		
Reason for leaving:		

Employer	Address	From: _____ (Month / Year) To: _____ (Month / Year) Total Time: _____ (Years / Months) Full Time    Part Time Hrs/Week: _____ (If varied, indicate average) Paid        Unpaid Start Salary:\$ _____ (Monthly) Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		

Employer	Address	From: _____ (Month / Year) To: _____ (Month / Year) Total Time: _____ (Years / Months) Full Time    Part Time Hrs/Week: _____ (If varied, indicate average) Paid        Unpaid Start Salary:\$ _____ (Monthly) Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		

# Disclosure and Authorization Release Form

Prospective Employer (Company): \_\_\_\_\_

Applicant's Full Name (Print): \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

Previous Name Used: \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(For Verification Only) Month Day Year

Current Address: \_\_\_\_\_  
Street Address (Apt.)  
\_\_\_\_\_  
City State Zip Code

## DISCLOSURE

("Company") may obtain information about you from Bio-Med/ClearStar Logistics, Inc., PO Box 1003, Cumming, GA 30028, 877-796-2559, or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of "A Summary of Your Rights Under the FCRA," and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual's character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer, coworker, supervisor, or customer.

**Oregon residents only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.

**Washington State residents only:** You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**California residents only:** By signing, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_