



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: _____
EMT - Basic	# _____	Expires: _____	Issuing State: _____
EMT - 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:

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

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: _____
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: _____
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: _____
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		

**APPLICANT DISCLOSURE AND
AUTHORIZATION FORM**
(IMPORTANT – PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

{Employer} ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of 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, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current positions, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 (their privacy policy can be reviewed at <http://www.clearstar.net/privacy-policy/including> information about including whether your personal information will be sent outside the United States or its territories. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of the authorization and throughout my employment, if applicable, I agree that a facsimile (:fax), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Prospective Employer (Company): _____

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

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

(Only if MVR is required)

Driver's License Number: _____ State of Issue: _____

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

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

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. * This information will be used for background screening purposes only and will not be used for any other purpose.

Signature: _____ Date: _____

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company. Check box to receive report. ☐

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company. Check box to receive report. ☐

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and
- ADDITIONAL STATE LAW NOTICES

Signature: _____

Print Name: _____

Date: _____

Motor Vehicle Report (MVR)

Date:

Company:

Full Name:

Date of Birth:

Social Security Number:

Driver License Number:

State of Issue: