APPLEGATE 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 application 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 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: _____

EMR # _____ 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:		