



CIVIL SERVICE COMMISSION

KEIZER RURAL FIRE PROTECTION DISTRICT

661 Chemawa Rd. NE • Keizer, OR 97303 • (503) 390-9111

Application Number: _____

Date: _____

EMPLOYMENT APPLICATION FOR:

PRINT TITLE OF POSITION OR POSITIONS FOR WHICH YOU ARE APPLYING

INSTRUCTIONS: This application is part of the selection process. Please fill out carefully on a typewriter or in ink.

Name First Middle Initial Last

Address Number and Street City State Zip Code

Driver's License:

Do you have a valid drivers license? Yes No

If Oregon license, please give number:

Grid for license number

Class/Type:

Social Security Number:

SSN line

Telephone Number(s)

Residence:

Business:

Message:

Professional Licenses and Certificates:

Veterans' Preference will be accorded as provided by Oregon Revised Statutes 408.230

DOCUMENTATION MUST BE PROVIDED.

5 Points checkbox

10 Points checkbox

Table with columns: BRANCH OF SERVICE, DATE OF ENTRY, DATE OF DISCHARGE

Volunteer Credit: In all competitive entrance examinations, preference status shall be given to all active District volunteer fire-fighters who have served a minimum of one (1) year and have attained NFPA accreditation as a FF-1 and/or an Associate Degree in Fire Science.

- 5 Points checkbox Five Points volunteer preference for those volunteers who:
• One year in Keizer Volunteer Fire Fighter Program.
• NFPA FF-1 or Associate Degree in Fire Service (attach copy of certification or degree)

Application Number: _____

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma? Yes – list name of school and location _____
School City State

No – list highest grade completed _____

Do you have a GED Certificate? Yes _____
School City State

No

SCHOOL ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

	From		To		Fields of Study or Titles of Special Courses	Hours completed Sem/Qtr	Certificates or degrees granted
	Mo.	Yr.	Mo.	Yr.			

Business or Trade Schools	From		To		Subjects	Length of Course	Completed
	Mo.	Yr.	Mo.	Yr.			

EMPLOYMENT HISTORY

- List below your work experience, paid or unpaid, beginning with your present or most recent job.
- 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.

PRESENT OR LAST POSITION	Employer _____	Address _____	From _____	Month _____	Year _____
	Your Title _____	Supervisor's Name and Telephone _____	To _____	Month _____	Year _____
	Duties (be specific)		Total Time _____	Years _____	Months _____
			Hrs./Week _____	If varied, indicate average	
			<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
			Start Salary \$ _____	Monthly	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving _____		Last Salary \$ _____	Monthly	

PRESENT OR LAST POSITION	Employer _____	Address _____	From _____	Month _____	Year _____
	Your Title _____	Supervisor's Name and Telephone _____	To _____	Month _____	Year _____
	Duties (be specific)		Total Time _____	Years _____	Months _____
			Hrs./Week _____	If varied, indicate average	
			<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
			Start Salary \$ _____	Monthly	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving _____		Last Salary \$ _____	Monthly	

Application Number: _____

Employer _____ Your Title _____ Duties (be specific) _____ _____	Address _____ Supervisor's Name and Telephone _____ _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Start Salary \$ _____ Monthly Last Salary \$ _____ Monthly
Employer _____ Your Title _____ Duties (be specific) _____ _____	Address _____ Supervisor's Name and Telephone _____ _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Start Salary \$ _____ Monthly Last Salary \$ _____ Monthly
Employer _____ Your Title _____ Duties (be specific) _____ _____	Address _____ Supervisor's Name and Telephone _____ _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Start Salary \$ _____ Monthly Last Salary \$ _____ Monthly
Employer _____ Your Title _____ Duties (be specific) _____ _____	Address _____ Supervisor's Name and Telephone _____ _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Start Salary \$ _____ Monthly Last Salary \$ _____ Monthly
Employer _____ Your Title _____ Duties (be specific) _____ _____	Address _____ Supervisor's Name and Telephone _____ _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Start Salary \$ _____ Monthly Last Salary \$ _____ Monthly

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Employer _____	Address _____	From _____
Your Title _____	Supervisor's Name and Telephone _____	Month _____ Year _____
Duties (be specific) _____		To _____
_____		Month _____ Year _____
_____		Total Time _____
_____		Years _____ Months _____
_____		Hrs./Week _____
_____		If varied, indicate average
_____		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
_____		Start Salary \$ _____
_____		Monthly
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving _____	Last Salary \$ _____
		Monthly

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my employment with the District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment.

Further, Keizer Fire District requires an employment physical. Such physical will include a drug screening test. My signature below serves as authorization to the physician to release all information relative to the employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the District terminated.

Signature _____ Date _____

**Send Application to:
Civil Service Commission
Keizer Fire District
661 Chemawa Rd. NE
Keizer, OR 97303**

Equal Opportunity Employer