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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Employment**  **Keiser Fire District (OR)**  **Deputy Fire Marshal** | | | | | | | | |
| **Instructions:** Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print or type**, except for signature on the last page of the application. All information you give on this application will be held in strict confidence.  **Application will be rejected if not signed.** | | | | | | | | |
| **Personal Data** | | | | | | | | |
|  | | | | | | | | |
| Last Name First Name Middle Name | | | | | | | | |
| Current Mailing Address City State Zip | | | | | | | | |
| Primary Phone Number Secondary Phone Number Social Security Number | | | | | | | | |
| Email Address  When are you available for employment? | | | | | | | | |
| Are you between 18 and 70 years old?  Yes  No | | | | | | | | |
| Would you take a physical examination if it were required for the job for which you are applying?  Yes  No | | | | | | | | |
| **General Information** | | | | | | | | |
| Do you have a valid Driver’s License?  Yes  No | | | | | | | | |
| Driver’s License Number:       State:  Emergency Medical Technician Rating:  Fire Instructor Level:  Have you ever been convicted of or pleaded no contest to a felony?  Yes  No  If yes, please explain: | | | | | | | | |
| Are you currently OR expecting to be engaged in any other business or employment?  Yes  No  If yes, please explain: | | | | | | | | |
| **Education** | | | | | | | | |
| **High School**  Institution Name / City, State | | | | **Highest Grade Completed** | | | | **Did you graduate?** |
|  | | | |  | | | | Yes  No |
| **College or University**  Institution Name / City, State | | | | **Highest Level Completed** | | | | **Did you graduate?** |
|  | | | | | | | | |
| Major/Degree: |  | | | |  | | | Yes  No |
|  | | | | | | | | |
| Major/Degree: |  | | | |  | | | Yes  No |
|  | | | | | | | | |
| Major/Degree: |  | | | |  | | | Yes  No |
| **Additional Educational/Vocational/Technical Training**  Institution Name / City, State | | | | | | | | **Did you complete coursework** |
|  | | | | | | | | |
| Coursework: |  | | | | | | | Yes  No |
|  | | | | | | | | |
| Coursework: |  | | | | | | | Yes  No |
|  | | | | | | | | |
| Coursework: |  | | | | | | | Yes  No |
| **Employment History**  List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.** | | | | | | | | |
| Name of Employer: | | | | | | | Employed from:        to | |
| MO/YR MO/YR  Address: | | | | | | | | |
| Supervisor: | | | Telephone Number: | | | | | |
| Your Position Title: | | | Beginning Salary:       Ending Salary: | | | | | |
| Duties: | | | | | | | | |
| Reason for Leaving: | | | | | | | | |
| **Employment History** (continued) | | | | | | | | |
| Name of Employer: | | | | | | | Employed from:        to | |
| MO/YR MO/YR  Address: | | | | | | | | |
| Supervisor: | | | Telephone Number: | | | | | |
| Your Position Title: | | | Beginning Salary:       Ending Salary: | | | | | |
| Duties: | | | | | | | | |
| Reason for Leaving: | | | | | | | | |
|  | | | | | | | | |
| Name of Employer: | | | | | | | Employed from:        to | |
| MO/YR MO/YR  Address: | | | | | | | | |
| Supervisor: | | | Telephone Number: | | | | | |
| Your Position Title: | | | Beginning Salary:       Ending Salary: | | | | | |
| Duties: | | | | | | | | |
| Reason for Leaving: | | | | | | | | |
|  | | | | | | | | |
| Name of Employer: | | | | | | | Employed from:        to | |
| MO/YR MO/YR  Address: | | | | | | | | |
| Supervisor: | | | Telephone Number: | | | | | |
| Your Position Title: | | | Beginning Salary:       Ending Salary: | | | | | |
| Duties: | | | | | | | | |
| Reason for Leaving: | | | | | | | | |
|  | | | | | | | | |
| **References**  Give three references (exclude relatives and former employers). | | | | | | | | |
| Name: | | Occupation: | | | | Telephone: | | |
| Address: | | | | | | | | |
|  | | | | | | | | |
| Name: | | Occupation: | | | | Telephone: | | |
| Address: | | | | | | | | |
|  | | | | | | | | |
| Name: | | Occupation: | | | | Telephone: | | |
| Address: | | | | | | | | |
|  | | | | | | | | |
| I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I herby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents, and employees, in regard to this exchange of information concerning my past history and employment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | | | | |

**Deputy Fire Marshal Supplemental Questions**

Please answer the following questions concisely, while being as comprehensive as possible. Candidates must be able verify information given to us upon request. (Boxes provided for answer/responses are auto-fit to contents.)

# Experience:

## Number of years worked for a paid Fire/EMS service provider and positions you’ve held.

## Please give an overview of your current/most recent position and the extent of your responsibilities.

## Give a brief overview of the demographics of that department, including:

### Population served

* Annual budget

### Number of personnel

### Number of stations

### Annual call volume

### Governance structure

## Years of supervisory experience as a paid employee and the level of supervision you provided.

## Please describe your leadership style (include experience and philosophy).

## Have you worked with and/or trained Volunteer Firefighters? If so, in what capacity?

# Please indicate your degrees and/or training.

NFPA Fire Officer Level 1 2 3 4 completed

AS Degree in      completed

BS Degree in      completed

MS Degree in      completed

1. Any additional / clarifying comments on education?

# Please select which of the required Minimum experience/education you have.

NFPA Firefighter 1

International Fire Code (IFC) Inspector 2

DPSST / NFPA Fire Inspector 2

International Codes Council (ICC) Fire Plans Examiner

State of Oregon EMT-Basic certification

NFPA Fire Instructor 1

DPSST Fire Prevention / Investigation Officer 1 or Equivalent

DPSST Juvenile Fire Setter Specialist 1 within one year of employment

A minimum of three (3) years Structural Fire Suppression Experience

Certification by the International Code Council as a Fire Inspector 1

S-203 Incident Information Certification or Public Information Officer equivalent certification

Ability to obtain a valid Oregon Driver’s License within 30 days of employment

# Please describe your personal involvement in the community you currently serve, outside of your employment?

# Please describe your relevant experience and/or training in fire prevention:

### Plans Examiner

### Fire Investigation

### Fire/Building Code Enforcement

### Public Education

# Please describe any experience you have in the area of public relations and public education.

# Please tell us about your program management experience.

# Please discuss the kinds of experience you have in delivering training to Fire/EMS personnel.

# Describe your experience in contributing to the positive development of organizational culture.

# What do you believe the critical challenges will be in the Fire Service over the next decade, as it relates to Fire Prevention related activities?

Thank you for responding to the supplemental questions.