

Application for Employment

Keizer 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?
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		<input type="checkbox"/> Yes <input type="checkbox"/> No
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College or University Institution Name / City, State	Highest Level Completed	Did you graduate?
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Major/Degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
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Major/Degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
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Major/Degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Educational/Vocational/Technical Training Institution Name / City, State	Did you complete coursework
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Coursework:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Coursework:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Coursework:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:
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Address:	
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Supervisor:	Telephone Number:
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Your Position Title:	Beginning Salary:	Ending Salary:
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Duties:

Reason for Leaving:

Employment History (continued)

Name of Employer:		Employed from: to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone Number:		
Your Position Title:	Beginning Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			
Name of Employer:		Employed from: to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone Number:		
Your Position Title:	Beginning Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			
Name of Employer:		Employed from: to	
Address:		MO/YR	MO/YR
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 hereby 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.)

1. Experience:

- a. _____ Number of years worked for a paid Fire/EMS service provider and positions you've held.

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

- c. _____ 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

- d. _____ Years of supervisory experience as a paid employee and the level of supervision you provided.

- e. _____ Please describe your leadership style (include experience and philosophy).

- f. _____ Have you worked with and/or trained Volunteer Firefighters? If so, in what capacity?

2. 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

a. Any additional / clarifying comments on education?

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

NFPA Firefighter 1

International Code Council Fire Inspector 1

NFPA Fire Inspector 1

NFPA Fire Instructor 1, or within one year

International Codes Council (ICC) Fire Plans Examiner, or within one year

Valid Oregon Driver's License within 30 days of employment

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

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

• _____ Plans Examiner

• _____ Fire Investigation

• _____ Fire/Building Code Enforcement

• _____ Public Education

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

7. Please tell us about your program management experience.

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

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

10. 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.