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|  | **KEIZER FIRE DISTRICT** |
| 661 CHEMAWA [RD. NE](http://RD.NE) • KEIZER, OR 97303 • (503) 390-9111 |

**EMPLOYMENT APPLICATION -PART ONE**

Address: City/State/Zip:

Phone (home/cell): Spouses name:

Email: Social network sites:

Rev. 04/15

**PLEASE PRINT OR TYPE • FILL OUT COMPLETELY**

*Last First Middle Maiden/Alias*

Name:

Date of Birth: / / ODL# S.S.#

How long have you lived in Keizer?

**EDUCATIONAL INFORMATION**

Did you graduate from high school or earn a G.E.D.? Yes No Name of high school:

College/Trade school name and area of study:

Did you graduate? Yes No Degree Earned:

**CURRENT EMPLOYMENT INFORMATION**

Employer Name: Supervisor name/Ph.:

Address: City/State/Zip:

Job Title: Typical work schedule:

Length of employment:

May we contact this employer for a reference? Yes No Can you be late to work for an emergency call? Yes No

**EMPLOYMENT HISTORY**

*List two previous employers and provide a contact name, phone number and whether we may contact for a reference.*

Business & Location Job Title:

Supervisor: Phone: May we contact? Yes No

Business & Location Job Title:

Supervisor: Phone: May we contact? Yes No

**GENERAL INFORMATION**

Please explain why you are interested in becoming a member of this Fire District:

* All Keizer Employees are required to possess a valid Oregon Driver's License and a good driving record. *(Please provide a copy of both sides of driver's license)*
* All applicants must have a High School Diploma or GED.

Yrs. Mos. How long have you worked in Keizer? Yrs Mos.

Duties:

**EMPLOYMENT APPLICATION - PART ONE, CONTINUED**

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| EXPERIENCE |
| *List all Fire Service or Emergency Medical Service agencies you have worked for or volunteered with in the past.  Use a separate page if necessary. Please provide the reason for leaving each agency.*  Agency & Location Job Title: |
| Supervisor: Reason for leaving: |
| Agency & Location Job Title: |
| Supervisor: Reason for leaving: |
| Please list or provide a copy of any EMT and/or Fire Service Certifications (including NREMT#, OR-EMT#, and DPSST#) or training records you have: |
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| **PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW** |
| ***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 status as a member of this Fire District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.***  ***Further, Keizer Fire District requires a physical examination and drug screening test. My signature below serves as authorization to the physician to release all information relative to this physical and drug testing results. If such results indicate inability to perform the job duties or indicate drug use, I understand my application may be rejected or my membership with this Fire District terminated.***  I understand that this application will be kept on file for SIX MONTHS from the date received (as listed below),  and that it is my responsibility to update this application or reapply as needed.  Initials |
|  |

Applicant Signature Date / /

Received By KFD (Print Name) Date / /