

SOUTH LANE COUNTY FIRE & RESCUE

233 E. Harrison Avenue
Cottage Grove, OR 97424
www.southlanefire.org

PERSONAL INFORMATION		
_____	_____	_____
Last Name	First Name (Full)	Middle Initial
_____	_____	_____
Residential Address	City	Zip
_____	_____	_____
Home Phone	Work Phone	Cell Phone
_____	_____	_____
Employer Name	Address	
_____	_____	
Email Address	Work Email	
_____	_____	

Membership Requirements:

- Adult Team members must be a minimum of 21 years of age. Youths aged 14-20 may be allowed to participate under the rules and guidelines of our Teen CERT Program.
- Members are required to hold and maintain a valid Driver's License (age appropriate)
- Licensed members who use their own vehicles in the performance of their duties for South Lane County Fire & Rescue CERT may be asked at any time to provide proof of a current vehicle insurance policy.

I. Your Occupation: _____

II. Hobbies, Skills, Interests _____

III. Previous volunteer experience (if any): _____

IV. How did you find out about CERT? _____

V. Resources: Can you run heavy equipment, or do you have access to heavy equipment that could be used during a disaster? (tractors, chainsaws, backhoes, etc.)? _____

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DRIVING & CRIMINAL HISTORY VERIFICATION

Name: _____ Date of Birth _____ Sex: _____

List other names previously used: _____

Social Security No: _____ Oregon Driver's license / ID Card no: _____

Address: _____
Street Address / P.O. City State Zip

- Have you **EVER** been convicted of a sex-related crime? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state) State: _____
If yes, did the crime involve force or minors? Yes No
- Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state) State: _____
- Have you **EVER** been convicted of a crime involving drugs or alcohol? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state) State: _____
- Have you **EVER** been convicted of any other crime except a minor traffic violation? Yes No
- Have you **EVER** been arrested for a crime for which there was not an acquittal / dismissal? Yes No

Advisory: A check of the applicant's driving/criminal history will be made by South Lane County Fire and Rescue to verify the responses to the preceding questions. All background checks are filed with Oregon State of Police and Oregon Department of Motor Vehicles.

I hereby grant consent to South Lane County Fire and Rescue to check criminal records to verify any statements made on this form.

Applicant's Signature: _____ Date: _____

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CERTIFICATION, AUTHORIZATION, RELEASE AND WAIVER **READ CAREFULLY BEFORE SIGNING**

I certify that the information given by me in the Employment Application is true and complete and I understand and agree that the application process or my employment with SLCFR may be immediately discontinued if misrepresentations, falsified statements or material omissions are found to have been made. I authorize investigatory agencies, schools, former employers and former supervisors to provide any and all information pertinent to my employability, and hereby release those providing such information from any liability for doing so.

I understand that employment, if offered, is contingent upon satisfactory results of a drug screening, employment verification, criminal background check utilizing fingerprint analysis, motor vehicle report and examination as required by the District. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and lawful authorization to work in the US. and completing a form 1-9. (*if applicable).

I will comply with and be governed by all federal and/or state laws, and District policies, rules, and procedures as may be in effect. If requested by the management at any time, I agree, while on Fire District property, to submit to the search of my person, possessions, cars, and of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I may be required to take a physical examination, at company expense, at any time, to determine if I am physically fit for the job I am to perform, including drug testing for probable cause, random testing, or pre-employment screening. I authorize any physician or hospital to release any information to the Fire District which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment, or in the future, during employment with the company, including drug testing information.

I further understand that this is an application for employment only and that no employment contract of any kind is being offered or implied.

I have read and understand the above _____
Signature Date

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This document authorizes this employer, or its research agent, to seek, and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought in the following area, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:

- A. Criminal conviction records in any jurisdiction;
- B. Driving record in any state;
- c. Educational and Professional Certification records in any jurisdiction;
- D. Work performance, attendance and job related information.

I agree to assist in this effort by contacting former employers and asking for full disclosure of my employment history.

I further understand that information obtained may be used by this employer in its sole discretion and without liability, to determine eligibility for initial or continued employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded such records.

I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

Signature

Date

The following must be filled out completely for your application to be considered (Please print).

Last name

First name

Middle Name

Other names by which you have been known and the dates those names were used.

Home address

City/State

Zip code

Driver's license number

State Issued

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Oregon
Open Records



Frequently Asked Questions (FAQ)

SUBJECT INFORMATION:

Incorrect or missing information may delay your request.

NOTE: NO punctuation. (Example: Enter Jones-Smith as a single name: JONESSMITH)

Subject's Last Name

Subject's First Name

Subject's Middle Name

Subject's mailing address is **REQUIRED**. Without this information, we can not complete your request.

Subject's Street Address

Address (cont.)

City

State

Zip Code

Subject's Date of Birth: **Month** (mm)

(*Estimate if unknown.*) **Day** (dd)

Year (yyyy)

Subject's Sex Male Female Unknown

SSN (no dashes)

Alias or Maiden Name(s) -- No nicknames

Alias #1: *Last:* *First:*

Alias #2: *Last:* *First:*

Alias #3: *Last:* *First:*

Employment Purposes:

Yes No

If yes, how was subject notified:

Written Verbal None