

SOUTH LANE COUNTY FIRE & RESCUE

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

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Phone: () _____ E-mail Address: _____
Date Available: _____ Social Security No.: _____ Drivers License # and State of Issuer: _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree or Certificate: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

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References Continued:

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

List all work experience including, volunteer, intern, career and military.

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Volunteer Part-time Full-time

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Volunteer Part-time Full-time

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Previous Employment Continued:

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO Volunteer Part-time Full-time

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO Volunteer Part-time Full-time

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO Volunteer Part-time Full-time

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Previous Employment Continued:

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Volunteer Part-time Full-time

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in disqualification or dismissal.

Signature: _____ Date: _____

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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/Identification Card No: _____

Address: _____
Street Address/PO City State Zip Code

- 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 I-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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NAME _____

**PLEASE INDICATE WHICH OF THE BELOW QUALIFICATIONS YOU POSSESS.
PLEASE ATTACH COPIES OF EACH.**

- () High school graduate or equivalent;
- () Oregon Driver's license;
- () Associate Degree in EMS; or another related field.

Please list additional certifications below:
