

UMATILLA COUNTY FIRE DISTRICT #1 APPLICATION FOR EMPLOYMENT



This application is for the position of:

Paid, Full-time:	Paid, Part-ti	me: Paid, on-co	all (Volunteer): _	Resident Intern:
EMS Only Paid, on-	-call: Othe	er:		
Date of application:				
national origin, relig	gion, marital sta Formance. Umat	tus, age, prior indust	rial injury, or men	regard to race, color, sex, ntal or physical handicaps ADA/Drug-Free/Tobacco-
for another position	n at a future tir d-full-time as w	me, you must file a ell as paid-part-time,	new application.	you desire to be considered. This application is for lunteer fire fighter and/or
Name:			Social Securi	ty No:
(First)	(Middle)	(Last)		
Address:				
Telephone:		_ Driver's license #:		State issued:
E-mail address:				
Are you 18 years of	age or older?	Yes1	No	
of 1986 and to hire of your work eligibing regulations are pron	only authorized willity. The types nulgated or ame	vorkers. If you are hin of verification requir	red, you will be as red may change fron ment will not be co	n Reform and Control Act ked to provide verification om time to time as federal ontinued if you are unable
	YesNo	ertifications (you will o DPSST/NFPA Fire	fighter I	ide certificates)?
		o NFPA Driver or ab		
		o Oregon EMT Basic		
		o NREMT EMT Basi		41 1 1 44
		ring. Use additional s		you think are relevant to .
				

Have you ever worked or volunteered for the District before?YesNo												
If so, list the beginning and ending dates worked: Position(s) held: How did you become aware of this opening?:												
							Do you have any relatives, either by blood or marriage, who currently work for the District or whare members of the board of directors of the District?YesNo If yes, give their name(s):					
							Please list all employment and any permost recent employment. Include US	Previous Work Experience eriods of unemployment for the last 10 years, beginning with the S military experience; DO NOT include any reference to type of Attach additional sheets as necessary.				
1. Company Name:	Telephone No.: ()											
Company address:												
	<u> </u>											
	Last date employed:											
Job responsibilities, equipment opera	ated:											
Reason for leaving:												
2. Company Name:	Telephone No.: ()											
Company address:												
Immediate supervisor's name:												
First date employed:												
Job responsibilities, equipment opera	ated:											
Reason for leaving:												
3. Company Name:	Telephone No.: ()											
First date employed: Last date employed:												
Position(s) held:												
Job responsibilities, equipment opera	ated·											

Reason for leaving:					
May we make inquiries of your current employer?YesNo Personal References List three persons other than relatives or previous employers who have known you longer than one year. Do not include any person who lives in your household.					
Name	Address and phone	Occupation			
a rotating basis. If yo		ne employees to work 24-hour shifts on sitions, indicate below any reason you l sheets if necessary.			
	s or duties listed which you would be u	for which you are applying is attached. nable to perform? If so, please explain.			
If yes, list them on a sep date of conviction(s), consideration if you ha	and sentence(s) imposed. You wil	e of offense leading to the conviction(s), l not be automatically excluded from mployment will be determined by your			
In submitting this appli	cation for employment (and attached r	esume if any) I authorize investigation			

In submitting this application for employment (and attached resume, if any), I authorize investigation of all statements contained in it; and it is understood and agreed that any misrepresentation by me in this application (or attached resume, if any) may result in cancellation of the application and/or separation from the District's service if I have been employed. I agree that I will undergo a physical examination at the District's expense, if requested by the District, and that a physical examination may include a drug screen. This is considered a safety-sensitive position.

In consideration of any employment, I agree to conform to the rules and regulations of the District. Unless my position is subject to the terms of the bargaining agreement, my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the District or myself. I understand that no representative of the District except the Fire Chief or the Board of Directors has the authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing. I certify I have read all of this application and the information I have provided above is true and correct.

Applicant's Signature:	Date:			
Unsigned or incomplete	e applications will be rejected			
RELEASE AND WAIVER				
IMPORTANT – Please read carefully and init Release and				
By my signature and initials placed below:				
I promise that the information provided in this empiricance if any) is true and complete; and I understand that an disqualify me from further consideration for employment if discovered at a later date. I ag be convicted of a felony or any crime involving application is pending or during my period of employments.	ny false information or significant omissions may byment and may be justification for my dismissal gree to immediately notify the District if I should g dishonesty or a breach of trust while my job			
	Initials			
I authorize the investigation of all statements corresume, if any). I also authorize the District to continuous in this application), past employers, listed reference of me. I understand that if my position is one that an investigative consumer report from a consumer my character, general reputation, personal character investigative consumer report may involve personal former employers, schools and others. I also understact I have the right to make a written request to disclosure of the name and address of the consumer disclosure of the nature and scope of the investigation.	tact my present employer (unless otherwise noted es and any other person or entity with knowledge warrants such an inquiry, the District may request reporting agency that includes information as to eristics, and mode of living. I understand that the l interviews with my neighbors, friends, relatives, stand that under the Federal Fair Credit Reporting to the District, within a reasonable time, for the reporting agency so that I may obtain a complete			
	Initials			
I authorize any person, school, current employer (organizations named in this application (and accomentity with knowledge of me to provide the District regards as useful to it in making a hir organizations from any legal liability in making such that the District may seek.	npanying resume, if any) and any other person or ict with any information and opinion which the ring decision; and I release such persons and h statements or furnishing any and all information			
	Initials			
Any offer of employment with Umatilla County F criminal and driving background checks, physical e UCFD1 are safety sensitive.	xamination and drug testing. Most positions with			
	Initials			
Applicant's Signature:	Date:			

Unsigned or incomplete applications will be rejected



UMATILLA COUNTY FIRE DISTRICT #1



Authorization for Criminal History Check Employees/Volunteers

The Umatilla County Fire District #1 requires all potential employees and volunteers to authorize a criminal history check. Individuals applying for paid, paid-on-call, and/or volunteer positions where the job duties involve any contact with vulnerable persons, including but not limited to, children under 18, senior citizens, and disabled persons will be disqualified from consideration for:

- All felony convictions
- Misdemeanor violent crime convictions
- Misdemeanor drug/alcohol related crime convictions*

*Allowable - 1 DUI in last 7 years

FIRST NAME:	
MIDDLE NAME:	
LAST NAME:	
ADDRESS:	
STATE: ZIP CODE:	
DATE OF BIRTH:	
By signing this form I am authorizing Umatilla County F Hermiston Police Department to conduct a criminal history ch	
Signature	Date