



Sweet Home Fire District
Employment/Volunteer Application

Position Applying For:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Firefighter | <input type="checkbox"/> Full-Time Firefighter/Paramedic |
| <input type="checkbox"/> EMS Volunteer | <input type="checkbox"/> Part-Time EMT |
| <input type="checkbox"/> Support Volunteer | <input type="checkbox"/> Other: _____ |

Name: _____ Date: _____

Other Names Used: _____

Telephone Number: _____

Email Address: _____

Do you have the legal right to work in the United States?
(if hired, you will be required to provide identification to prove eligibility for employment)

Current Residence Address: _____

Current Mailing Address: (If Different) _____

Current Drivers License Number: _____ State Issued: _____

Has Your Drivers License Ever Been Cancelled, Suspended Or Revoked In Any Other State?

- Yes No If "Yes" Please Attach Explanation

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?
 Yes No If Yes Please explain (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)

Military Veteran: Yes No Disabled Veteran Yes No

If yes you must submit DD214 or 215 or letter from the U.S. department of veteran's affairs (VA) indicating service-connected disability rating in order to receive veterans and/or disability points.

Please Note the Name Location and Schedule of Current Employer (Does not apply to full time applications)

Current Employer: _____

Employer City: _____

Schedule: _____

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			___9 ___10 ___11 ___12	___ YES ___ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				

Please submit copies of any certification and/or licenses to be eligible for certification preference points

Current and/or previous certifications or trainings.

- | | |
|---|--|
| <input type="checkbox"/> NFPA Firefighter I | <input type="checkbox"/> NFPA/NWCG Wildland Interface Firefighter |
| <input type="checkbox"/> NFPA Firefighter II | <input type="checkbox"/> NFPA/NWCG Wildland Interface Engine Boss |
| <input type="checkbox"/> DPSST Fire Ground Leader | <input type="checkbox"/> NFPA Vehicle Rescue Technician |
| <input type="checkbox"/> NFPA Fire Officer I | <input type="checkbox"/> NFPA Surface/Swift Water Rescue Technician |
| <input type="checkbox"/> NFPA Driver | <input type="checkbox"/> NFPA Rope Rescue Technician |
| <input type="checkbox"/> NFPA Pumper Operator | <input type="checkbox"/> Current CPR Card |
| <input type="checkbox"/> NFPA Aerial Operator | <input type="checkbox"/> EMT <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-I |
| <input type="checkbox"/> NFPA HAZMAT Operations | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Character References

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

I hereby certify and affirm that all statements made in this application or appended to it are true and correct, to the best of my knowledge. Additionally, I have made no willful omissions or minimized any of the facts and circumstances as to my personal history. I am aware that withholding pertinent information or information found to be materially or grossly inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination, if I am employed. I understand this is not to be considered as an indication of probable obligation upon the District to make an appointment, but is only a part of the selection process.

I fully recognize that under Oregon Law, individuals must clearly demonstrate their personal and moral fitness to serve in a position with the Sweet Home Fire and Ambulance District, and the burden of proof of my fitness under Oregon Law falls upon me. I further recognize that SHFAD has both a legal and moral obligation to take every reasonable effort to ensure that any person employed by them will conform to the very highest standards. I understand that I am authorizing an intensive investigation into all aspects of my personal and moral fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my suitability. I also understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning my suitability unless the confidentiality of their information can be guaranteed on a permanent basis. In the event my background investigation for this position should uncover information that I have, or am suspected of having engaged in illegal activities, this information will likely bar me from further consideration for this position. Further, this information may be transmitted to my employer and/or the appropriate authority for their independent investigation. I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy. Therefore, I exonerate, release and discharge the Sweet Home Fire and Ambulance District, its investigators, agents or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration. I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

Signature: _____ Date: _____