La Pine Rural Fire Protection District

Employment Application

La Pine Rural Fire Protection District provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY.
YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position

Position Applying For	Available Start Date	Today's date

Personal Information

Name			
Address	City	State	Zip

Phone Number	Mobile Number	Email Address

Are you able, at the time of employment, to submit verification of your legal right to work in the United States? **Yes** ☐ **No** ☐
(Proof of identity will be required upon employment)

Education

List any colleges, military, trade, business or other schools attended.

Do you have a high school diploma or GED Certificate? **Yes** ☐ **No** ☐

School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?

Certificates & Licenses

List professional license, registration, or certificate required or preferred for position.

Type	Issuing Agency	Date Issued	Date Expires

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Employment History

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

Employer (1)	Job Title		Dates Employed (from-to)
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? **Yes ☐ No ☐**	
Reason for leaving			
Duties:			
Employer (2)	Job Title		Dates Employed (from-to)
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? **Yes ☐ No ☐**	
Reason for leaving			
Duties:			
Employer (3)	Job Title		Dates Employed (from-to)
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? **Yes ☐ No ☐**	
Reason for leaving			
Duties:			
Employer (4)	Job Title		Dates Employed (from-to)

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Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? **Yes ☐ No ☐**	
Reason for leaving			
Duties			

References

Name: _____ Title: _____
Company: _____ Relationship to you: _____
Phone: _____ Email: _____

Name: _____ Title: _____
Company: _____ Relationship to you: _____
Phone: _____ Email: _____

Name: _____ Title: _____
Company: _____ Relationship to you: _____
Phone: _____ Email: _____

Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.
- I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation

☐ Yes
☐ No Explanation: _____

Signature: _____ **Date**: _____

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Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. **If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4).** This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

___ For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions

___ For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions

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___ For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-related disability

___ For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs

___ For at least one day in a combat zone and was discharged or released from active duty under honorable conditions

___ And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions

___ And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

___ I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or

___ I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or

___ I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____ **Date: _____**

Position Applied For: _____