** LA PINE RURAL FIRE PROTECTION DISTRICT**

**FIREFIGHTER / PARAMEDIC**

# APPLICATION

The District makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance.

Please fill out carefully using a computer or ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

NAME:            

## First Name Middle Name Last Name

ADDRESS:

## Number and Street

## 

## Mailing address, if different than street address

     

## City State Zip Code

TELEPHONE:            

## Residence Business Cell or Message

EMAIL:

Are you a citizen of the United States? YES  NO

It is the District’s policy to comply with the provisions of the Immigration Reform and Control Act and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by the District.

Do you the legal right to work the United States? YES  NO

Are you over 18 years of age? YES  NO

Did you graduate from high school or obtain a G.E.D.? YES  NO

If yes, please provide the name and location of high school or place where G.E.D. was obtained.

Do you have an Associate’s Degree or equivalent? YES  NO

If yes, please provide the name of Degree and location where earned.

Do you have additional Degrees or Military Training? YES  NO

If yes, please provide the name of Degree or Military Service Training and location where earned.

Are you/have you been a member of Oregon PERS? YES  NO

Do you have a valid driver’s license? YES  NO

If yes, please give the number and state.      

Driver’s License Number State Issued

**EMPLOYMENT HISTORY**

**List, on the pages following, your work experiences, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. You must complete this section of the application form. If you need additional space, attach additional sheets.**

|  |  |  |
| --- | --- | --- |
| CURRENT EMPLOYER | ADDRESS | FROM  Month / Year |
| JOB TITLE | SUPERVISOR  PHONE NUMBER | TO  Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME    Years / Months  Full Time  Part Time |
| May we contact this employer? YES  NO | | |

|  |  |  |
| --- | --- | --- |
| PAST EMPLOYER | ADDRESS | FROM  Month / Year |
| JOB TITLE | SUPERVISOR  PHONE NUMBER | TO  Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME    Years / Months  Full Time  Part Time |
| REASON FOR LEAVING | | |

|  |  |  |
| --- | --- | --- |
| PAST EMPLOYER | ADDRESS | FROM  Month / Year |
| JOB TITLE | SUPERVISOR  PHONE NUMBER | TO  Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME    Years / Months  Full Time  Part Time |
| REASON FOR LEAVING | | |

|  |  |  |
| --- | --- | --- |
| PAST EMPLOYER | ADDRESS | FROM  Month / Year |
| JOB TITLE | SUPERVISOR  PHONE NUMBER | TO  Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME    Years / Months  Full Time  Part Time |
| REASON FOR LEAVING | | |

|  |  |  |
| --- | --- | --- |
| PAST EMPLOYER | ADDRESS | FROM  Month / Year |
| JOB TITLE | SUPERVISOR  PHONE NUMBER | TO  Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME    Years / Months  Full Time  Part Time |
| REASON FOR LEAVING | | |

**SUPPORTING DOCUMENTATION REQUIREMENTS**

**To be considered, submit all and only the documents identified in announcement:**

**REFERENCES**

List three persons other than relatives who have known you for longer than one year.

Name Address Day Phone Evenings/cell Occupation

In submitting this application, I authorize investigation of all statements contained in it, and is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment if I have been employed. I understand that any offer of employment will be contingent upon passing a physical examination and drug screening, and I agree that I will undergo such examination, at the District’s expense, if requested.

In consideration of any employment I agree to conform to the rules and regulation of the District. I certify that I have read all of this application and that the information I have provided above is true and correct.

**LAPINE RURAL FIRE PROTECTION IS AN EQUAL OPPORTUNITY EMPLOYER**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**YOU MUST READ, COMPLETE AND SIGN PAGES 5, 6 AND 7, INCLUDING THE RELEASE AND WAIVER. PAGES 8 & 9 ARE FOR VETERANS OR LPRFPD RESERVES ONLY.**

Signature:

Date:

**Mail your completed application packets with copies required documentation to:**

**La Pine Rural Fire Protection District**

**P.O. Box 10**

**La Pine, Oregon 97739**

**Completed application packets can be hand delivered to our business office located at:**

**51590 Huntington Road**

**La Pine, Oregon**

**Completed application packets are also accepted with supporting documents at:**

[**Chiefdaugherty@lapinefire.com**](mailto:Chiefdaugherty@lapinefire.com)

**Application packets must be received by Wednesday, September 3, 2021 at 4:00 PM PST.**

**La Pine Rural Fire Protection District**

**IMPORTANT**

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and supporting documents) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the district if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

Initials\_\_\_\_\_\_\_\_\_

I authorize the investigation of all statements contained in this application (and accompanying resume). I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand and authorize the District to request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. This information will not be used for any unlawful discrimination purpose. I may request a copy of the report.

Initials\_\_\_\_\_\_\_\_\_

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (and accompanying resume) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

Initials\_\_\_\_\_\_\_\_\_

If the district makes an offer of employment to me contingent upon a criminal background check, I consent to such background check, and I consent to the release to the district of any and all information within the report, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

Initials\_\_\_\_\_\_\_\_\_

If the district makes an offer of employment to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to the district of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

Initials\_\_\_\_\_\_\_\_\_

I understand that if my employment is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if I am accepted for a paid position, I may not hold other employment, nor engage in sales or other activities that create a conflict of interest with my position with this District.

Initials\_\_\_\_\_\_\_\_\_

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if a conditional offer of employment is made, the terms of my employment shall be governed by an employment contract to be negotiated between the District and myself.

Initials\_\_\_\_\_\_\_\_\_

Date Signed

La Pine Rural Fire Protection District

**RELEASE AND WAIVER**

**To Whom It May Concern:**

I request and authorize you to disclose to **La Pine Rural Fire Protection District**, any

documents or information that it may request. I have authorized **La Pine Rural Fire**

**Protection District** to inquire concerning my background in connection with an application for

employment with the district. I agree to hold you and your agents and employees harmless

from all liability which could relate in any way to the disclosure of private information or any

assessment or opinion of my suitability for employment, which may be provided.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

La Pine Rural Fire Protection District

**VETERANS APPLICATION FOR VETERANS PREFERENCE POINTS**

Qualified veterans of the United States Military may receive additional Veterans Preference Points providing that a passing score is achieved on all examination instruments. To be entitled to preference points, a veteran must meet the eligibility requirements in section 2108 of title 5, United States Code. To make application for “Veterans Preference Points”, you must indicate your eligibility on this page. You must also attach to your application:

A copy of your DD-214, "Certificate of Release or Discharge from Active Duty," which shows dates of service and discharge under honorable conditions, **OR**

A "certification" that is a written document from the armed forces that certifies the service member is expected to be discharged or released from active duty service in the armed forces under honorable conditions not later than 120 days after the date the certification is signed; **OR**

A Standard Form (SF-15) Application for 10-point Veterans' Preference, **OR**

You may obtain a letter from the Department of Veterans Affairs reflecting your level of disability for preference eligibility.

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| --- |
| Certification:  I attest that I am qualified to meet additional Veterans Preference Points and meet the eligibility requirements as outlined in Section 2108 of title 5, Unites States Code.  Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Attach Appropriate Documents**

La Pine Rural Fire Protection District

**LA PINE RFPD RESERVE APPLICATION FOR PREFERENCE POINTS**

Qualified Reserve Members of the La Pine Rural Fire Protection District may receive additional Reserve Preference Points providing that a passing score is achieved on all examination instruments. To be entitled to preference points, a Current or Past Reserve must have served for a minimum of 2 years and be in good standing. To make application for “Reserve Preference Points”, you must indicate your eligibility on this page

|  |
| --- |
| Certification:  I attest that I am qualified to meet additional Reserve Preference Points and meet the eligibility requirements as outlined above.  Serviced with La Pine RFPD from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Date  Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |