



Tennmile Rural Fire District

Volunteer Emergency Responder Application

158 Reston Road
Tennmile, OR 97481
(541) 679-1882



The Tennmile Fire District is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, natural origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.

PERSONAL INFORMATION

Applicant: _____
Last First MI DOB Home Phone #

Mailing Address: _____
Street, City, State & Zip Cell # Social Security No.

Physical Address: _____
Street, City, Sate & Zip

Yes No
Are you 18 Years or older?

Email: _____ #
ODL No. /State /Issue & Exp Date

Position Applying: _____ Available Start Date: _____ Todays Date: _____

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.?
 Yes No

Would you take a physical examination if required for the job which you are applying? Yes No

Have you ever applied for Tennmile Rural Fire District before? Yes No

Are you willing to relocate within 15 minutes of the fire district for this position? Yes No

TRAINING & BACKGROUND

| High School | Location | Did you graduate | If no, grade completed or GED |
|-------------|----------|------------------|-------------------------------|
| | | | |

| Colleges Attended | Location | Major/Minor | Degree Obtained / None |
|-------------------|----------|-------------|------------------------|
| | | | |
| | | | |

| Job related Licenses/Certs | Date Issued | Expiration Date | Licensing or Cert Agency |
|----------------------------|-------------|-----------------|--------------------------|
| | | | |
| | | | |
| | | | |

SPECIAL SKILLS, QUALIFICATION & CONSIDERATION

(Summarize special skills and qualifications, volunteer activities, community involvement, employment, hobbies, military, or other related activities related to the job you are seeking)

FIRE/EMS EXPERIENCE

Have you ever belonged to a fire or EMS agency? Yes No If yes, please give information below:

Department Name _____ Phone _____ Recruiter / Contact Name _____

Rank/Title/Certification Level _____ DPSST# _____ EMS# _____

EMS State: _____ EMS Level: _____ Issue Date: _____ Expiration Date: _____

Please indicate 'X' any of the following certifications you have obtained:

| | | | | | | | |
|-------------------|--|--------------------|--|------------------------|--|------------------|--|
| First Aid and CPR | | Wildland FF 1 or 2 | | Pumper Operator | | NFPA Instructor | |
| Entry FF | | Apparatus Driver | | Extrication Technician | | FLG/Fire Officer | |
| NFPA FF 1 or 2 | | EMR | | EMT | | Paramedic | |

EMPLOYMENT HISTORY

Provide the following information of your past and current employers starting with the most recent. (use additional sheets if necessary).

EMPLOYER

DATES EMPLOYED

Employed by _____ From / To _____

Mailing Address: Street or PO, City, State & Zip _____ Phone _____

Starting Job Title / Ending Job Title _____ Type of Work: Job Responsibilities _____

Immediate Supervisor and Title _____

Reason for Leaving _____ May We Contact for Reference Yes No Later

EMPLOYER

DATES EMPLOYED

Employed by _____ From / To _____

Mailing Address: Street or PO, City, State & Zip _____ Phone _____

Starting Job Title / Ending Job Title _____ Type of Work: Job Responsibilities _____

Immediate Supervisor and Title _____

Reason for Leaving _____ May We Contact for Reference Yes No Later

PERSONAL REFERENCES

List name, address, and phone number of three business/work references who are not related to you that we may contact for a reference.

Name _____ Address/City _____ Phone _____

Name _____ Address/City _____ Phone _____

Name _____ Address/City _____ Phone _____

EMERGENCY CONTACT

| Name | Relation | Phone |
|------|----------|-------|
|------|----------|-------|

ADDITIONAL INFO, SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.
(EXCLUDE MEMBERSHIP THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS).

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

The employing agency may require a pre-employment physical with a physician retained by the agency. Such physical will include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate an inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

Initials _____

I understand that if my employment is terminated by any of the Districts for dishonesty, breach of trust, or any criminal act(s) the authorities may be notified, and I may be criminally prosecuted.

Initials _____

I understand that this application does not, by itself, create a contract of employment.

Initials _____

I understand and agree that, if hired, MY EMPLOYMENT IS TEMPORARY, FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to Districts policies.

Initials _____

I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Initials _____

PLEASE NOTE: *Incomplete applications will not be processed; information on resumes will not be accepted in place of a full complete application.*

The Tenmile Fire District assures fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, age, sex, religious affiliation, creed, marital status, disability, veteran status, sexual orientation, or any other protected class under State and/or Federal law and with proper regard for their privacy and constitutional rights as citizens.

Applicant Statement:

I certify that all information I have provided in order to apply and secure work with the Tenmile Fire District is true, complete and accurate. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the Tenmile Fire District's service, whenever it is discovered.

I expressly authorize, without reservation, the Tenmile Fire District, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities end educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the Tenmile Fire District, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Tenmile Fire District does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited be applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the Tenmile Fire District is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief and Board of Directors. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement. I further acknowledge that no offer or promise of employment as a volunteer or employee has been made to me at this time.

Signature

Date

**Return application and résumé to:
Tenmile Rural Fire District**

**P.O. Box 77
Tenmile OR 97481; or
tenmilefiredist@gmail.com**

**Applications must be returned in person by mail, or Email.
NO FAXES ACCEPTED**

“The Tenmile Fire District is a DRUG FREE workplace”

Administrative Use Only

Reference Check

Employer

Person Contacted

Results

Interview Results:

Interviewer name: _____ **Comments:** _____
