



Washington County Fire District No. 2

31370 N.W. Commercial Street

North Plains, Oregon 97133

Telephone: (503) 647-9900 · Fax: (503) 647-9351

APPLICATION FOR FIREFIGHTER

Please Print This Application, Fill It Out and Return It To Us

PLEASE PRINT

NAME (LAST) _____ (FIRST) _____ (M.I.) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____

ARE YOU A US CITIZEN? _____ IF NOT, DO YOU HAVE THE LEGAL RIGHT TO REMAIN IN THE US? _____

SOCIAL SECURITY # _____ ARE YOU 18 YEARS OF AGE OR OLDER? ___ODL_____

NAME AND ADDRESS OF CURRENT EMPLOYER:

_____ WORK PHONE _____

EDUCATION

Name of High School Last Attended _____

Did you receive a Diploma? _____ GED _____ Year Graduated _____

(Please attach a copy of Diploma or GED)

College: *(List the dates of all degrees, certificates, master course of study. Use a separate sheet if necessary)*

EMPLOYMENT INFORMATION

Please list names, addresses, phone numbers and supervisor's name of your past 3 employers, how long you were employed and why you left.

1 _____

2 _____

3 _____

Please list three references of persons you have known at least three years excluding immediate family and relatives.

1 _____

2 _____

3 _____

Please give the name, address and phone number of 3 people to notify in case of an emergency.

1 _____ PHONE _____

2 _____ PHONE _____

3 _____ PHONE _____

List any special skills or experience

Name of relatives already employed or volunteering with Washington County Fire District No. 2

LEGAL RECORD

Please list all driving citations you have received within the last three years and give a brief description of each.

1 _____

2 _____

3 _____

Have you ever been convicted of a felony? If yes, please describe the situation.

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge.

I understand that Washington County Fire District #2 (hereafter known as WCFD2) reserves the right to require me to submit to a medical examination, including a drug/alcohol test, to the extent permitted by law, prior to employment and at any time during my employment if I am hired.

I understand that WCFD2 may investigate my driving record and/or my criminal record and conduct an employer verification report. I understand that WCFD2 may contact my

previous employers and I authorize those employers to disclose all records pertinent to my employment with them.

I hereby waive my rights to claims or damages against any employer, police agency and WCFD2, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.

All information provided to us will be treated as confidential and only available to authorized fire and emergency service agencies.

My signature below indicates I have read and understand the foregoing statement. Further, I agree to all the provisions and requirements therein.

SIGNATURE _____

DATE _____