



**SCHOOL ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED:**

College Name and Location	From		To		Fields of Study or Titles of Special Courses	Hours completed		Certificates or degrees granted
	Mo	Yr	Mo	Yr		Sem	Qtr	
Business or Trade Schools Name and Location	From		To		Subjects	Length of Course		Completed
	Mo	Yr	Mo	Yr		Sem	Qtr	

**IF APPLYING FOR A COMBAT POSITION, PLEASE COMPLETE THE FOLLOWING EMT-BASIC INFORMATION:**

- I have my EMT-Basic Certification (proof will be required at time of interview).
- I am currently enrolled in a certification class. Approximate completion date: \_\_\_\_\_
- I do NOT have my EMT Basic, but I am enrolled in a certification class which begins: \_\_\_\_\_.
- I do NOT have my EMT Basic.  I have a First Responder certification.

**EMPLOYMENT HISTORY:**

List below your work experience, paid or unpaid, beginning with your present or most recent job. Summarize your job duties, but give special attention to experience relating to the position for which you are applying.

PRESENT/MOST RECENT EMPLOYER	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE	TO _____ (Month) (Year)
DUTIES		TOTAL TIME _____ (Years) (Months)
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time
REASON FOR LEAVING?		HRS./WEEK _____ (If varied, indicate average)
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
EMPLOYER	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE	TO _____ (Month) (Year)
DUTIES		TOTAL TIME _____ (Years) (Months)
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time
REASON FOR LEAVING?		HRS./WEEK _____ (If varied, indicate average)
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid

**PLEASE LIST EXPERIENCE/EDUCATION WITH FIRE DEPARTMENTS:**

List below your fire department experience, if any, beginning with your present or most recent experience. Summarize your job duties, but give special attention to experience relating to the position for which you are applying.

DEPARTMENT NAME	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE	TO _____ (Month) (Year)
DUTIES:		TOTAL TIME _____ (Years) (Months)
		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		HRS./WEEK _____ (if varied, indicate average)
REASON FOR LEAVING?		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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DEPARTMENT NAME	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE	TO _____ (Month) (Year)
DUTIES		TOTAL TIME _____ (Years) (Months)
		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		HRS./WEEK _____ (if varied, indicate average)
REASON FOR LEAVING?		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid

**SKILLS:**

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

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**COMMITTEES/PROJECTS:**

List specific projects and committees you have been involved in or any positions held in leading a major project, program or committee. List the date(s) your membership or leadership position began and ended.

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**MEMBERSHIP COMMITMENT:** Please indicate your anticipated availability and commitment level to the academy and ongoing involvement.

1. **RECRUIT ACADEMY:** The Volunteer Recruit Academy requires 100% attendance (see website for academy schedule). Are there any foreseeable commitments that will prevent you from attending the entire academy?

Yes  No

If you answered **yes**, this will not necessarily disqualify you. Please provide an explanation: \_\_\_\_\_

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2. **POST-ACADEMY TRAINING FOR COMBAT VOLUNTEERS:** Attendance at weekly drills (held on Tuesday evenings) is expected of all combat volunteers. Do you have any foreseeable commitments that will prevent you from attending all or most of these drills?

Yes  No

If you answered **yes**, this will not necessarily disqualify you. Please provide an explanation: \_\_\_\_\_

3. **POST-ACADEMY TRAINING FOR SUPPORT VOLUNTEERS:** Attendance at monthly drills (held on Tuesday evenings) is expected of all support volunteers. Do you have any foreseeable commitments that will prohibit you from attending all or most of these drills?

Yes  No

If you answered **yes**, this will not necessarily disqualify you. Please provide an explanation: \_\_\_\_\_

4. What do you hope to gain from volunteering with Washington County Fire District #2 (check one)?

Primarily for pre-firefighting career experience

Community involvement only

Other: \_\_\_\_\_

Have you been convicted of a misdemeanor or felony on or after your eighteenth birthday? (Do not include minor traffic violations or arrests without convictions)  Yes  No

If yes, please give a short explanation outlining the circumstances of your conviction in the space below. Please indicate date, nature and place of offense and disposition. Convictions are not necessarily disqualifying.

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.

**Applicant Notification:** This is used to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment as an applicant, or if applicable, for the purpose of evaluating you for promotion, reassignment or retention as an employee during the tenure of your employment with Washington County Fire District #2. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

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

The identity of the applicant, and all application information, will be kept confidential to the extent allowed under Oregon and Federal laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

# WASHINGTON COUNTY FIRE DISTRICT 2

31370 NW Commercial Street • North Plains • Oregon • 97133  
503-647-9900 • Fax 647-9351

## DISCLOSURE

As part of the employment process, Washington County Fire District #2 will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

## AUTHORIZATION

During the application process and at any time during the tenure of my employment with Washington County Fire District #2 I hereby authorize BIO-MED/ Choicepoint Services Inc., on behalf of Washington County Fire District #2 to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Print Applicant/Employee Name (First, Middle, Last)

\_\_\_\_\_  
Date Signed

Other Names used? \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\* For Identification Purposes Only

\_\_\_\_\_

**CA, MN & Oklahoma Residents please note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

**Employer please note:** If the consumer checks "YES" regarding the consumer report consume, please fax this form to your BIO-MED/ Choicepoint service center. If a California consumer checks "YES" regarding the full consumer report, you will need to provide the individual with a copy of their consumer report.

YES, I am a CURRENT California resident and would like a free copy of my investigative consumer report.

YES, I am a CURRENT Minnesota resident and would like a free copy of my consumer report.

YES, I am a CURRENT Oklahoma resident and would like a free copy of my consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***FOR OFFICE USE ONLY***

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**Employer please note:** If consumer checks "YES" regarding the full consumer report, and the consumer resides in California, you will need to provide the individual with a copy of their consumer report. If a Minnesota or Oklahoma resident checks "YES", please fax this form to BIO-MED/ Choicepoint at 503-315-8995.

**How and who do you want to receive the information? Be aware this is confidential information and you are responsible to be sure if you want the info by FAX or e-mail that the information will be received in a secure manner.**

**CHECK ONE:**

e-mail

FAX

US Mail

Your Organization Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Authorized Representative Name \_\_\_\_\_

Authorized/ Secure e-mail address \_\_\_\_\_