



# Vernonia Rural Fire Protection District

555 E. Bridge St., Vernonia, OR 97064

(503)429-8252

## EMPLOYMENT APPLICATION

Please fill out all sections of this form completely. Failure to do so could result in rejection during the selection process. This application and all attachments become the property of Vernonia Rural Fire Protection District and will not be returned to the applicant.

> **Check the box that applies to the work you are seeking on this application:**      None/Fire (EMS only)      Firefighter

Position Applying for: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last                      First                      Middle                      Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Message/Other: \_\_\_\_\_

\_\_\_\_\_ Work: \_\_\_\_\_  
City                      State                      Zip

Mailing Address: \_\_\_\_\_ May we contact you at work?      Yes      No

\_\_\_\_\_ Best time to call:  
City                      State                      Zip                      At Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ At Home: \_\_\_\_\_

Driver's Licence Number \_\_\_\_\_ State Issued: \_\_\_\_\_

Are you over 18 years of age?      Yes      No

### PREVIOUS EMPLOYMENT/RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of Vernonia RFPD at this time?      Yes      No

If yes, in what capacity? \_\_\_\_\_

Have you previously been employed or volunteered with the District?      Yes      No

If yes, please specify title and employment dates: \_\_\_\_\_  
Title                      Dates

Names of any District employee you are related to or with whom you live: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*Vernonia RFPD is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, marital status, national origin or mental or physical disability unless based on bonafide occupational qualification.*

## EDUCATION / TRAINING

Name and location of high school: \_\_\_\_\_ Graduated?    Yes    No

If not a high school graduate, do you have a certificate of equivalency (GED)?    Yes    No

If yes, date received: \_\_\_\_\_

List all schools attended beyond high school:

Name and location of school	Course of study	Dates Attended	Credits completed (List quarter or semester)	Type of degree earned

First Responder      Expiration Date: \_\_\_\_\_

C.P.R / A.E.D      Expiration Date: \_\_\_\_\_

EMT      # \_\_\_\_\_      Issuing State: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

DPSST      # \_\_\_\_\_      Issuing State: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

List below any license/certifications (not shown above) you have that may be pertinent to this position. Include the title and number of the license or certificates the issuing agency and the expiration date:

Do you speak a language other than English fluently?    Yes    No    If yes, which language? \_\_\_\_\_

## VERIFICATION

Are you able to legally work within the United States of America?    Yes    No

*Verification to work in the United States of America is a federal law.*

## EMPLOYMENT HISTORY

List all work experience, including military and volunteer, beginning with your current or most recent position. 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. Account for any periods of unemployment or self-employment. If the space provided is not adequate, please attach additional sheets.

Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's name and telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time      Part Time
		HRS/Week _____ (If varied, indicate average)
		Paid              Unpaid
		Start Salary:\$ _____ (Monthly)
May we contact your current employer?    Yes    No    Reason for leaving?		End Salary:\$ _____ (Monthly)
Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's name and telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time      Part Time
		HRS/Week _____ (If varied, indicate average)
		Paid              Unpaid
		Start Salary:\$ _____ (Monthly)
Reason for leaving:		End Salary:\$ _____ (Monthly)
Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's name and telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time      Part Time
		HRS/Week _____ (If varied, indicate average)
		Paid              Unpaid
		Start Salary:\$ _____ (Monthly)
Reason for leaving:		End Salary:\$ _____ (Monthly)

Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's name and telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time      Part Time
		HRS/Week _____ (If varied, indicate average)
		Paid              Unpaid
Reason for leaving:		Start Salary:\$ _____ (Monthly)
		End Salary:\$ _____ (Monthly)

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

In accordance with Federal law, proof of authorization to work in the United States is required upon employment. If, due to a disability, you require special accommodation to participate in the selection process please notify the business office at (503)429-8252.

**CERTIFICATION, AUTHORIZATION, AND RELEASE**

By my signature below, I certify that all information I provided as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for District employment/participation or in the termination of my District employment/participation. If you advance in the application process, the District completes a comprehensive pre-employment background evaluation which may include, depending on position applying for: criminal, driving, medical/physical, drug screen, thorough personal and professional reference check, and physiological screening.

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

Date: \_\_\_\_\_

Mail, email, or deliver completed application, supplemental questionnaire and all required documents to:

\_\_\_\_\_  
**Vernonia Rural Fire Protection District**  
**555 E. Bridge St.**  
**Vernonia, OR 97064**

**info@vernoniarfpd.us**

**Faxed applications will not be accepted.**