



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.

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application for consideration for Veterans 'Preference.

Qualified Veteran Questions: Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions

For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions

For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-related disability

For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs

For at least one day in a combat zone and was discharged or released from active duty under honorable conditions

Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions

Receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)

I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or

I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or

I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that he above information is true and correct. I understand that any false statements may be the cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____ Date: _____

Printed Name _____

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
May we contact your current employer? Yes No Reason for leaving?		_____ _____
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:		_____ _____
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:		_____ _____

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:		_____

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.