

Application for Employment

This district makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to job performance. This district does not hire applicants who must smoke while on the job.

This application will be considered only for the specific job applied for. It will not be retained. If you desire to be considered for a position at a future time, you must file a new application.

Job applied for _____ Date _____

Name _____
(First) (Middle) (Last)

Address _____

Telephone _____ Social Security No. _____

Are you over 18 years of age? _____

It is the district's policy to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The types of verification require may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable to or are unwilling to provide the verification requested by the company.

Please describe any education, training, qualifications, or skills that you think are relevant to the position for which you are applying. _____

Have you ever worked for this district before? _____

Date worked _____ Position held _____

How did you become aware of this opening? _____

Previous Work Experience **(Within the last ten years)**

Please list most recent employment first.

1. Company name _____ Telephone No. () _____

Company address _____

Immediate supervisor _____ Dates worked _____

Position held _____

Job responsibilities, equipment operated _____

Reason for leaving _____

2. Company name _____ Telephone No. () _____
Company address _____
Immediate supervisor _____ Dates worked _____
Position held _____
Job responsibilities, equipment operated _____
Reason for leaving _____

3. Company name _____ Telephone No. () _____
Company address _____
Immediate supervisor _____ Dates worked _____
Position held _____
Job responsibilities, equipment operated _____
Reason for leaving _____

May we make inquiries of previous employers? _____

References

List three persons other than relatives who have known you longer than one year.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign a "Release and Waiver" form (attached) for each employer and reference listed above. The nature of our business requires employees to maintain regular attendance and to work day, swing and evening shifts. If for any reason you would not be able to be present regularly during any of these shifts, please indicate which shifts you cannot work regularly.

A job description detailing the functions and duties of the job for which you are applying is attached. Are there any functions or duties listed which you would be unable to perform? If so, please explain.

Please list any criminal convictions (other than traffic infractions) sustained within the last 10 years. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as: the nature of the crime, the timelines of the conviction, or the type of work involved.

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company's service if I have been employed. I agree that I will undergo a physical examination, at the district's expense, if requested by the company.

In consideration of any employment, I agree to conform to the rules and regulations of the district. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the district

except the fire chief has the authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing.

I certify I have read all of this application and the information I have provided above is true and correct.

Signature _____

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
RELEASE AND WAIVER**

I authorize any person, school, current employer, past employer(s), and organizations named in my application for employment (and accompanying resume, if any) to provide the fire district with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any persons and organizations from any legal liability in making such statements.

Date: _____

IMPORTANT – Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and any other person or entity with knowledge of me. I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that if my position is one that warrants such an inquiry, the company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____ Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) and any other person or entity with knowledge of me to provide the company with any information and opinion which the company regards as useful to it in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements or furnishing any and all information that the company may seek.

_____ Initials

I give permission for a complete pre-placement physical examination and psychological tests and interview, if appropriate for the position to which I am applying, including a drug screening exam and x-rays, and I consent to the release to the company of any and all medical information, as may be deemed necessary by, the company in judging my capability to do the work for which I am applying.

_____ Initials

I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts 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. I understand and agree that, if hired, MY EMPLOYMENT IS 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 company policies and rights provided by written contract. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

_____ Initials

Date: _____

Signed: _____

*Please attach a narrative on your personnel reasons for wanting to become a member at Crook County Fire and Rescue, and also some goals that you would like to achieve while here.

*Do you feel that you can perform all of the tasks that are described in the attached job description?

YES NO

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ON FILE FOR 52 WEEKS.

AUTHORIZATION TO RELEASE INFORMATION
Personal Inquiry Waiver

TO WHOM IT MAY CONCERN:

I RESPECTFULLY REQUEST AN AUTHORIZE YOU TO FURNISH Crook County Fire and Rescue with any and all information that you may have concerning me, my employment (work) and educational records, my character, my financial and credit status, my driving record and record of criminal history. Your cooperation in this reply will be used to assist the District in determining your qualifications and fitness for the position that you are seeking with Crook County Fire and Rescue.

I hereby release you and your organization from liability or damage, which may result from furnishing the information requested.

Applicants Name (Print)

Applicants Signature

Date of Birth

Drivers License Number State

I hereby authorize the release of Military Service records (including medical, physical and mental record reports) to Crook County Fire and Rescue, Prineville, Oregon.

Date: _____

Signature

Service Number

Subscribed and sworn before me on this _____ day of _____

Notary Public of the State of Oregon

My commission expires: _____