



**COLUMBIA RIVER FIRE & RESCUE
and SCAPPOOSE RURAL FIRE DISTRICT
APPLICATION FOR EMPLOYMENT**

Please Type or Print

OFFICE USE ONLY	
Date Received:	_____
Time Received:	_____
Initials:	_____

Applying for: <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. At its own expense the Districts may arrange for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company, it will be difficult to secure this bond, and we may be unable to offer employment. Columbia River Fire & Rescue and Scappoose Rural Fire District are equal opportunity employers. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Districts.

APPLICANTS MUST INCLUDE COPIES OF ALL CERTIFICATIONS AND VALID DRIVERS LICENCE

GENERAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS		CITY		STATE	
HOME PHONE		ALT PHONE		EMAIL ADDRESS	
DRIVERS'S LICENSE #		STATE		EMERGENCY MEDICALTECHNICIAN CERTIFICATION # & LEVEL	
MILITARY SERVICE LEVEL		BRANCH		RANK	
				STATUS	
				DATE OF DISCHARGE	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?					
				YES NO	

EDUCATION – List education high school, trade schools, and college

NAME/LOCATION	YEARS ATTENDED	GRADUATED	MAJOR

EMPLOYMENT (Provide information for at least the past ten years)

CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME	PHONE #	

LICENSES/CERTIFICATIONS

CERTIFICATION HELD	DATE ATTAINED	EXPIRES	ISSUING AGENCY	Number (if applicable)

ACCOMPLISHMENTS AND/OR SPECIAL SKILLS

PERSONAL/PROFESSIONAL REFERENCES (Not relatives or previous employers)

NAME	ADDRESS	PHONE #	YEARS KNOWN

PLEASE READ BEFORE SIGNING

STATEMENT OF TRUTHFULNESS OF APPLICANTS FACTS

I hereby certify that the information given by me on this application is to the best of my ability true and accurate. I understand that this application contains the minimal amount of information needed to verify my qualifications for the advertised position. If hired, I will be requested to supply additional information necessary to begin my employment. I further understand that any misrepresentation or omission of information called for in this application is cause for cancellation of this application and/or dismissal of employment.

Signature: _____ Date: _____

Have you been convicted of a 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.

AUTHORIZATION TO RELEASE INFORMATION

I _____, have made application for employment with the Columbia River Fire and Rescue. I hereby authorize Columbia River Fire and Rescue and/or its agents to verify the information given by me on this application. I understand that the Fire District or its agents may contact my former employers, my current employer, law enforcement agencies, State and Federal Agencies and departments, educational institutions, and private business corporations that I have referred to on my application. I further understand that the Fire District and its agents will use this verification process in a confidential manner.

Signature: _____ Date: _____