

APPLICATION FOR EMPLOYMENT

Sunriver Service District is an Equal Opportunity Employer. Sunriver Service District does not discriminate on the basis of race, color, national origin, age, gender, sexaul orientation, marital status, religion, political affiliation, physical or mental disability or any other basis prohibited by the State of Oregon, federal or local law.

(PLEASE PRIN POSITION(S) A	,	R:		DATE:		
Contact Info	ormation					
NAME:				HOME PHONE:		
	LAST	FIRST	MIDDLE			
PREVIOUS LA	ST NAMES:			ALTERNATE PHONE		
ADDRESS:						
		STREET ADDRESS		CITY	STATE	ZIP CODE
		MAILING ADDRESS (If Different)		CITY	STATE	ZIP CODE
EMAIL ADDRE	ESS:					
Personal Inf	ormation]				
•		n age requirement for the position	n you are appl	ying for?	🗌 Yes	🗌 No
		e listed on the job announcement.)				
Have you eve	er applied for	a job with this agency before?			🗆 Yes	🗖 No
lf y	es, provide d	ate:				
Do you possess a driver's license?				🗖 Yes	🗆 No	
lf y	es, provide D	vriver's License # and State of Issue	ance:			

In order to be considered for a position with the Sunriver Service District, candidates must pass a background investigation and reference check. Listing incorrect or incomplete information could disqualify you for employment.

Preferences							
What is your preferred salary?							
What type of work will you accept? 🛛 🗖 Full Time 🗖 Part Time 🗖 Seasonal							
What type of shift will you accept?	🗖 Days 🗖 Swings 🗖	Graveyard Weekends Holidays					
		transcripts during the background process.					
What is your highest level of educa							
If college, please complete the foll	owing:						
Name of College:		Did you graduate? 🛛 🗖 Yes 🗖 No					
Dates Attended:	through	College Major/Minor:					
Location of College:	CITY S	Level of Degree:					
Name of College:		Did you graduate? 🛛 🗌 Yes 🗖 No					
Dates Attended:	through	College Major/Minor:					
Location of College:		Level of Degree:					
	CITY S	TATE					
You may claim veteran's preferenc 408.225(1)(e) or ORS 408.225(1)(c,).	r a qualified disabled veteran in accordance with ORS					
Have you ever served in the Milita	ary?	Yes No					
Are you claiming veteran's prefere		🗆 Yes 🗖 No					
Veterans' Preference Form and a D	D214/DD215 form reflecting an eteran) prior to the closing date	ded without submission of a Sunriver Service District "other than dishonorable" separation status (and a of the recruitment. This form is available on the					
Describe any job related training y	you received in the military:						
Civic Activities/Volunteer Posit		e, business or civic activities and offices held:					
(You may exclude membership which would	reveal gender, race, religion, national ori	gin, age, ancestry, disability or other protected status.)					

Employer:			May we contact employer?	🗆 Yes	🗆 No
Address:			Descent for la cuin cu		
Phone Number:					
Dates Employed:		То:			
Dutios					
Employer:			May we contact employer?		
Address:			Bosson for loaving	🗆 Yes	
Phone Number:					
		То:			
Duties:					
Employer:			May we contact employer?	🗆 Yes	□ N
Address:			Reason for leaving:		
Phone Number:					
Dates Employed:	From:	То:	Hours worked per week:		
Duties:					
Employer:			May we contact employer?	🗆 Yes	
Address:			Reason for leaving:	- TC3	L
Phone Number:			~~~		
Dates Employed:	From:	То:	Hours worked per week:		
Duties:					
L					
Certificates and L	icenses List c	any additional licenses a	and certifications you currently hold.		

Skills List specialized training, skills or extra-curricular activities applicable to this posit	tion:
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References	Please list three character	references, not related to you.			
Name:					
Address:					
	MAILING ADDRESS	CITY	STATE	ZIP CODE	
Phone:		Email:			
Name:					
Address:					
	MAILING ADDRESS	CITY	STATE	ZIP CODE	
Phone:		Email:			
Name:					
Address:					
	MAILING ADDRESS	CITY	STATE	ZIP CODE	
Phone:		Email:			

By signing this application, I certify the information I have provided on this application is true and complete. In the event of employment, I understand that false or misleading information provided on my application or during my interview(s) may result in disqualification.

DATE

SIGNATURE OF APPLICANT Submit to: Sunriver Fire Department PO Box 2108 Sunriver, OR 97707 danaw@sunriverfire.org