

Glide Rural Fire Protection District

APPLICATION FOR PAID OR VOLUNTEER EMPLOYMENT

Please provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing & Street)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Volunteer Position <u>or</u> Type of Paid Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Volunteer	Available For: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License #, State, and Date Issued:		Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed Last High School Attended:

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service & Final Rank	Date of Entry Date of Discharge	Are you requesting Veteran's Hiring Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach DD-214 or DD-215
--------------------------------	------------------------------------	---

SPECIAL SKILLS (List all pertinent skills or specialized training)

PRIOR FIRE SERVICE/EMERGENCY MEDICAL SERVICE AGENCIES

Please list ALL Fire Service or EMS agencies your have worked or volunteered for in the past, along with your supervisor's name, dates of service, and reason for leaving each agency. (Maximum 1000 characters)

How did you hear about opportunities at Glide Fire?

Ad

Referral by:

Other (Explain):

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

EMPLOYER	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL REFERENCES:

List 3 people other than previous employers who have known you longer than one year.
Do not include any person who is related to you or who lives in your household.

NAME	Telephone Number () -
Mailing Address	Email:
City, State, Zip Code	
How long has this person known you?	Relationship to you:
Additional Info.:	
NAME	Telephone Number () -
Mailing Address	Email:
City, State, Zip Code	
How long has this person known you?	Relationship to you:
Additional Info.:	
NAME	Telephone Number () -
Mailing Address	Email:
City, State, Zip Code	
How long has this person known you?	Relationship to you:
Additional Info.:	

ADDITIONAL INFORMATION:

List all moving driving violations in the last 3 years:

Drug Testing

I understand that I may be required to submit a urine sample for drug screening purposes prior to completion of the employment process and, if hired, at any time during my employment in a paid or volunteer position. If I refuse, or if I do not comply with testing procedures, I understand that I will not be considered for employment or may be subject to termination. I understand that if my urine screens positive for illegal substances and/or prescription drugs, whose use has not been prescribed by a licensed physician, I will not be considered for employment or may be subject to discharge. I consent to the release of drug testing records to this employer.

Access to Records

I authorize investigation of all matters and records which the employer deems relevant to my qualifications for employment, including all statements contained in this application. I release from all liability any persons, schools, organizations, or employers providing such information, and I release the employer from all liability which might result from making the investigation. If hired, I authorize periodic investigation of my motor vehicle records, driving records, and criminal history.

Affidavit

I understand that any employment offered by this firm is of an "at will" nature, meanings that I may quit at any time, and the employer may discharge me at any time, with or without cause, and that, if hired, I am required to abide by all rules and regulations of this company. I understand that this application will be active for 60 days, and if I want to be considered for a job after that time, I must apply by completing a new application form. I certify that the answers given on this application are complete and true to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts in this application or any required documents as well as misleading statements, will be cause for denial of employment or immediate termination regardless of how discovered.

Future Notification Requirements

I agree to immediately notify the employer if I should be arrested for or convicted of a felony or any crime involving dishonesty or a breach of trust while my application is pending or during my period of paid or volunteer employment.

"At Will" positions (paid or volunteer)

I understand all positions, whether paid or volunteer, are "at will" positions. You may terminate your employment at any time with or without notice or cause, and the District can terminate your employment, at any time, with or without notice or cause.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed in a paid or volunteer position, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____

Submit your completed application to Fire Chief Ted Damewood at Glide Rural Fire Protection District, located at 18910 North Umpqua Hwy. (P.O. Box 446), Glide, OR 97443. Phone 541-496-0224.

Training Drills are held each Monday evening from 6:30-8:30 pm.