#### **Employment Application**

Chiloquin Fire & Rescue provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position								
Position Applying For				Available Start Date		Today	Today's date	
Personal Information	on							
Name								
Address			City			State	Z	Zip
Phone Number	Mobile Number		Email Address					
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? <b>Yes</b> \( \text{No} \( \text{Oroof of identity will be required upon employment)}								
Education	Lis	st any co	lleges, milita	ry, tra	de, business or other s	chools attended	d.	
Do you have a high school diploma or GED Certificate? Yes No								
School Name		Location			Diploma/Degree	Major/Min	or	Did you Graduate?
	,				,			
Certificates & Licen	ses <sup>L</sup>	ist profe	essional licens	se, reg	istration, or certificate	required or pre	eferre	d for position.
Туре		Issuing Agency			y	Date Issue	d	Date Expires
	•							

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet. Job Title Dates Employed (from-to) **Employer (1)** Address City State Zip Supervisor Name **Phone Number** May we contact? Yes □ No □ Reason for leaving **Duties** Job Title Dates Employed (from-to) **Employer (2)** Address City State Zip **Phone Number** May we contact? **Supervisor Name** Yes □ No □ Reason for leaving **Duties** Job Title Dates Employed (from-to) **Employer (3)** Address City State Zip **Supervisor Name Phone Number** May we contact? Yes □ No □ Reason for leaving **Duties Employer (4)** Job Title Dates Employed (from-to)

Address	City	State	Zip				
Supervisor Name	Phone Number	May we contact?					
		Yes □ No □	]				
Reason for leaving							
Duties							
References							
References							
Name:	Title:						
Company:	Title: Relationship to you:						
Phone:	Email:						
Nama	Title						
Name: Company:	Title: Relationship to you:						
Phone:	Email:						
Name:	Title:						
Company:Phone:	Relationship to you: Email:						
Thoric.							
Certification & Signature							
I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.  • I certify that all statements contained herein are true and complete.							
<ul> <li>I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.</li> <li>I authorize the employing agency to verify the employment and education information provided in this employment application.</li> </ul>							
<ul> <li>application.</li> <li>I authorize my driving record to be checked if the position for which I am applying requires driving.</li> <li>I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.</li> </ul>							
<ul> <li>I am able to perform the essential duties of this position</li> <li>Yes</li> <li>No Explanation:</li> </ul>			ommodation				
Signatura		Data					

**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 o released under honorable conditions	n or before January 31, 1955, and was discharged or
For a period of more than 178 consecutive days beginning at from active duty under honorable conditions	fter January 31, 1955, and was discharged or released
For a period of 178 days or less and was discharged or rebecause of a service due to a service related disability	eleased from active duty under honorable conditions
For a period of 178 days or less and was discharged or releated have a disability rating from the United States Department of	
For at least one day in a combat zone and was discharged or re	eleased from active duty under honorable conditions
And received a combat or campaign ribbon or an expeditiona States and was discharged or released from active duty under	
And am receiving a nonservice – connected pension from the	United States Department of Veterans Affairs
<b>Qualified Disabled Veteran Questions:</b> Additional preference maprovide proof of eligibility via a copy of DD214 or 15, Copy 4, and States Department of Veteran's Affairs (letter may be requested by	a public employment preference letter from the United
I am entitled to disability compensation under laws admini Affairs; or	stered by the United States Department of Veterans
I was discharged or released from active duty for a disability in	ncurred or aggravated in the line of duty; or
I was awarded the Purple Heart for wounds received in comba	at.
I hereby claim Veterans' Preference, have attached proof of eligib is true and correct. I understand that any false statements may be of when discovered.	•
Signature:	Date:
Position Applied For:	