### **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			Ava	Available Start Date		Today's date	
			'				
Personal Information	on						
Name							
Address	dress City				Sta	te Zip	
Phone Number	Mobile Number	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> No (Proof of identity will be required upon employment)					es? Yes 🗆 No 🗆		
Education	List any c	olleges, mil	itary, tr	ade, business or other s	chools	attended.	
Do you have a high school o	liploma or GED Cer	tificate? <b>Y</b>	es 🗆 N	lo 🗆			
School Name		Location Diploma/Deg		Diploma/Degree	Ma	Did yo Major/Minor Gradua	
Certificates & Licen	ses List prof	essional lice	ense, re	gistration, or certificate	require	ed or preteri	red for position.
Туре		Issuing Agency			Date Issued		Date Expires

<b>Employment History</b>					
This information in this section will be used to determine if you m Clearly describe all your duties, starting with your most recent job and will not be accepted in place of a completed applica	. Resumes will be accepted of	only if requ	ired on the job	announcement	
Employer (1)	Job Title		Dates Employed (from-to)		
Address	City	State		Zip	
Supervisor Name	Phone Number May we co			contact?	
Reason for leaving					
Duties					
Employer (2)	Job Title		Dates Employed (from-to)		
Address	City	State		Zip	
Supervisor Name	_		contact? Yes  No		
Reason for leaving		1			
Duties					
Employer (3) Job Title		Dates Employed (fi		oyed (from-to)	
Address	City	State		Zip	
Phone Number May we o		contact? 'es			
Reason for leaving					
Duties					

Employer (4)	Job Title		Dates Employed (from-to)	
Address	City	State	Zip	
Supervisor Name	Phone Number		contact?	
Reason for leaving			Yes  No	
Duties				
Duties				
References				
Name:	Title:			
Company:				
Phone:				
Name:	Title·			
Company:	Relationship to you:			
Phone:				
Name:	Title			
Company:				
Phone:	Email:			
Certification & Signature				
I hereby certify that all statements made in this application are fraudulent, or misleading in this application or attached mater any employment-related process (post hire) may result in the	ial, during the interview or	screening	process, or discovered during	
<ul> <li>I certify that all statements contained herein are true</li> <li>I understand that I must provide proof I am authorize am hired.</li> </ul>	•	ates, in ac	cordance with federal law, if I	
<ul> <li>I authorize the employing agency to verify the emplor application.</li> </ul>	•	·		
<ul> <li>I authorize my driving record to be checked if the pos</li> <li>I understand and agree to be subjected to a pre-emplemental applicable.</li> </ul>		• .	_	
<ul> <li>I am able to perform the essential duties of this position</li> <li>Yes</li> </ul>				
o No Explanation:				
Signature:		Date:		

#### **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 on or before January 31, 1955, and was discharged or released under honorable conditions
For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions
For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs
<b>Qualified Disabled Veteran Questions:</b> Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)
I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs or
I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
I was awarded the Purple Heart for wounds received in combat.
I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.
Signature: Date:
Position Applied For: