

DEPOE BAY FIRE DISTRICT

Application for Employment

The Depoe Bay Fire District is an equal opportunity employer and makes employment decisions without regard to salary/pay history, race color, gender, sexual orientation, self-identity, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to job performance. This application will be considered only for the specific job applied for. If qualified, this application will be kept on file for one year for future recruitments. Please print or type. Position applying for: _____ Today's Date: Middle Name (Maiden Name) First Name Last Name **Street Address** Mailing Address, if different City State Zip Code Home Phone Cell Phone **Email Address** Are you over 18 years of age? ☐ Yes ☐ No Do you meet the minimum job requirements? ☐ Yes ☐ No Are you requesting Veteran's Preference? ☐ Yes ☐ No If you are requesting Veteran's Preference, attach a copy of your DD214 / DD215 and/or Veteran's Administration Letter stating your disability to your profile, as well as checking the box identifying yourself as a Veteran. You must request Veteran's Preference AND include a copy of your documentation.

The Depoe Bay Fire District follows adopted Civil Service rules. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and if necessary, to complete the U.S. Immigration and Naturalization Service Form I-9.

Please list any experience that you feel helps qualify you to be an employee with the Depoe Bay Fire District. Be sure to list any other fire departments you have worked for or volunteered with. List any military, lifesaving, or
medical training you have obtained.
Please list all active Firefighter and EMS certifications/licenses: (Please attach copies of minimum required certificates/licenses.):
.
Have you ever worked or volunteered for the Depoe Bay Fire District? ☐ Yes ☐ No If yes, please list all dates:
Position(s) held:
How did you become aware of this job opening?
<u>Previous Work Experience (within the last 10 years) –</u> Please list the most recent employment first. If more room is needed for past employment, please use a separate piece of paper.
Company Name: Phone:
Company Name: Phone:
Address:
Immediate Supervisor:
Dates Worked:
Position(s) Held:
Job Responsibilities:
soo responsionites.
Reason for Leaving:
May we contact this employer? □ Yes □ No

Company Name:	Phone:
Address:	
Immediate Supervisor:	
Dates Worked:	
Position(s) Held:	
Job Responsibilities:	
Reason for Leaving:	
May we contact this employer? □ Yes □ No	
Company Name:	Phone:
Company Name: Address:	
Address:	
Address: Immediate Supervisor:	
Address: Immediate Supervisor: Dates Worked:	
Address:	
Address:	
Address:	

Name	Occupation	Address	Phone
Education: High School or GED:	College/Univers	sity Degree(s):
Please describe any other education, which you are applying.	training, qualificatio	ons, or skills you think are	relevant to the position for
A job description detailing the functio district. Are there any functions or du			· -
AFFIDAVIT: I certify that the answers given her District shall not be liable in any respect if emprisheding information in my application or in Depoe Bay Fire District all information regarding physician, person, hospital or other institution Bay Fire District any knowledge or information in the granting of an interview creates a contrapromises regarding employment have been must be promised to the District. This affidavit applies to the District.	oloyment is denied to m terviews. I also authoriz ng my employment, cha that has or may hereaf n thereafter acquired. I act between the Depoe ade to me and I underst	e or if my employment is termi e the companies, schools or pe rracter, and qualifications. I wa ter attend or furnish me with tr understand that nothing contai Bay Fire District and myself for	nated because of false, incomplete, or rsons named above to release to the ive all provisions of law prohibiting and eatment from disclosing to the Depoe ned in this employment application or employment or any other benefit. No
By my signature below, I certify that all answer understand that should an investigation disclo from consideration or my appointment terminates.	se untruthful or mislead	• •	
I acknowledge that my appointment is subject am employed, and I understand that I may be			
In consideration of any employment, I agree to of this application and the information I have p		= :	y Fire District. I certify I have read <u>all</u>
Signature:		D	ate:

References: List five persons other than relatives who have known you longer than one year.

Additional information to this application, such as resumes, or copies of certifications may be submitted in addition to this completed application. Any materials submitted will <u>not</u> be returned to the applicant.

Incomplete or late applications will not be considered.