



# Jackson County Fire District No. 3

8333 Agate Road • White City, OR 97503  
(541) 826-7100 • Fax (541) 826-4566 • www.jcfd3.com

## EMPLOYMENT APPLICATION

Please fill out all sections of this form completely. Failure to do so (include using "see resume") could result in rejection during the selection process. This application and all attachment's become the property of Jackson County Fire District No. 3 and will not be returned to the applicant.

Position applying for: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First MI

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Home: \_\_\_\_\_

Message/Other: \_\_\_\_\_

Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

May we contact you at work?  Yes  No

What is the best time to call: At work: \_\_\_\_\_

At Home: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver's license Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Are you over 18 years of age?  Yes  No

### PREVIOUS EMPLOYMENT / RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of Jackson County Fire District No. 3 at this time?  Yes  No

If yes, in what capacity? \_\_\_\_\_

Have you previously been employed or volunteered with the district?  Yes  No

If yes, please specify title and employment dates: \_\_\_\_\_

Title

Dates

Names of any District employee you are related to or with whom you live: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Jackson County Fire District No. 3 is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, martial status, national origin or mental or physical disability unless based on a bonafide occupational qualification.*

## EDUCATION / TRAINING

Name and Location of high school: \_\_\_\_\_ Graduated?  Yes  No

If not a high school graduate do you have a certificate of equivalency (GED)?  Yes  No

If yes, date received: \_\_\_\_\_

List all schools attended beyond high school:

Name and location of school	Course of study	Dates attended	Credits completed (List quarter or Semester)	Type of degree earned

First Responder      Expiration Date \_\_\_\_\_

C.P.R. / A.E.D      Expiration Date \_\_\_\_\_

EMT B    # \_\_\_\_\_      Issuing State \_\_\_\_\_      Expiration Date \_\_\_\_\_

EMT I    # \_\_\_\_\_      Issuing State \_\_\_\_\_      Expiration Date \_\_\_\_\_

EMT P    # \_\_\_\_\_      Issuing State \_\_\_\_\_      Expiration Date \_\_\_\_\_

List below any license/certifications (not shown above) you have that may be pertinent to this position. Include the title and number of the license or certificates, the issuing agency and the expiration date:

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Do you speak a language other than English fluently?  Yes  No if yes, which language(s)? \_\_\_\_\_

## CONVICTIONS

Have you ever been convicted of, or pled guilty of no contest or forfeited bond in connection to a felony or misdemeanor other than a minor traffic violation?  Yes  No

(Conviction is not an automatic bar from employment. Each case is considered separately based on its relation to the duties of the position)

If yes, please give a short explanation outlining the circumstances of your conviction in the space below. Please include date, charge, nature and place of offense, disposition and court of jurisdiction.

## EMPLOYMENT HISTORY

List all work experience, including military and volunteer, beginning with your current or most recent position. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Account for any periods of unemployment or self-employment. If the space provided is not adequate please attach additional sheets.

Employer	Address	From: _____ (Month / Year)  To: _____ (Month / Year)  Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  Start Salary: \$ _____ (Monthly)  Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:		
Employer	Address	From: _____ (Month / Year)  To: _____ (Month / Year)  Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  Start Salary: \$ _____ (Monthly)  Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		
Employer	Address	From: _____ (Month / Year)  To: _____ (Month / Year)  Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  Start Salary: \$ _____ (Monthly)  Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		

Employer	Address	From: _____ (Month / Year)
Your Title	Supervisor's Name and Telephone	To: _____ (Month / Year)
Duties (be specific)		Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for leaving:		Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
		Start Salary: \$ _____ (Monthly)
		Last Salary: \$ _____ (Monthly)

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

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In accordance with Federal law, proof of authorization to work in the United States is required upon employment. If, due to a disability, you require special accommodation to participate in the selection process please notify the business office at (541) 826-7100.

## CERTIFICATION, AUTHORIZATION, AND RELEASE

By my signature below, I certify that all information I provided as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact *may* result in my disqualification from consideration for District employment/participation or in the termination of my District employment/participation. I authorize Jackson County Fire District No.3 to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the District any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance necessary to verify my qualifications for employment. I further release the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release Jackson County Fire District No.3 from all liability whatsoever incurred in obtaining or using such information. The District may make available copies of this authorization available to those contacted.

Jackson County Fire District No.3 requires a pre-employment drug-screen. My signature below serves as authorization to the physician to release drug test results. If such results indicate drug use, I understand my application may be rejected or my employment with the District terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN YOUR COMPLETED APPLICATION TO:

Jackson County Fire District No.3  
8333 Agate Road, White City, OR 97503  
(541) 826-7100

~~Fax completed application and one (1) page resume to: (541) 826-5348~~  
~~Applications may be electronically submitted to lauriw@jefd3.com.~~  
~~You are required to bring a signed copy if invited to interview.~~