

Fire District 3

8383 Agate Road, White City, OR 97503

541-826-7100

www.jcfd3.com



Employment Application

Fire District 3 is an equal opportunity employer. All applicants will be considered without regard to age, race, color, religion, gender, sexual orientation, marital status, national origin, mental or physical disability, or other protected status in accordance with applicable federal and state equal opportunity laws unless based on a bona-fide occupational qualification.

Position Applying for: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Contact Number: _____ Email: _____

Driver's License Number: _____ State Issued: _____

Are you at least 18 years of age? Yes ___ No ___

Are you a citizen of the United States? Yes ___ No ___

If no, are you authorized to work in the United States? Yes ___ No ___

Previous Employment

Are you a current member of Fire District 3? Yes ___ No ___

If yes, please specify title: _____

Have you been employed or volunteered with Fire District 3? Yes ___ No ___

If yes, please specify title and dates of employment: _____
Title Dates

Provide names of Fire District 3 members you are related to or with whom you live:

Education/Training

High School Name/Location: _____
Name Location

Graduated? Yes ____ No ____

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

Date of GED: _____
Date

List all education beyond high school:

Name and location	Course of study	Dates attended	Credits completed	Degree earned

Special Skills and Certifications

List any special active certifications, technical skills, volunteer activities, military training or experience, or other training/activities related to the position you are seeking. For military veterans, please include information on any **transferable skills** obtained through military education or experience that relate directly or indirectly to the position for which you are applying.

Certification	Number	Expiration	Issue State
DPSST			
CPR / AED			
EMR			
EMT			
AEMT			
EMT - I			
Paramedic			

Briefly provide any additional information regarding your specialized skills if pertinent to the position you are applying for:

Employment History

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

Employer				Address
Your Title				Supervisor's Name/Phone
Begin Date	End Date	Full Time	Part Time	Reason for Leaving:

Employer				Address
Your Title				Supervisor's Name/Phone
Begin Date	End Date	Full Time	Part Time	Reason for Leaving:

Employer				Address
Your Title				Supervisor's Name/Phone
Begin Date	End Date	Full Time	Part Time	Reason for Leaving:

Employer				Address
Your Title				Supervisor's Name/Phone
Begin Date	End Date	Full Time	Part Time	Reason for Leaving:

Employer				Address
Your Title				Supervisor's Name/Phone
Begin Date	End Date	Full Time	Part Time	Reason for Leaving:

Certification, Authorization, and Release

If you advance in the application process, the District completes a comprehensive pre-employment background evaluation which may include, depending on position applying for: criminal, driving, medical/physical, drug screen, thorough personal and professional reference check, and physiological screening.

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 Fire District 3 employment.

Signature

Date

Mail, deliver, or email completed application, supplemental questionnaire, and all required documents to:

**Fire District 3 – Chief Examiner
8383 Agate Road
White City, OR 97503**

Faxed applications will not be accepted.

Fire District 3

Community Care Provider – EMT Supplemental Questionnaire 2020

Name: _____ Date: _____

Complete the following questionnaire, answering each question truthfully and to the best of your knowledge. You must provide a **current and valid copy of each certificate or license in your possession**.

Minimum Requirements:

- Do you have educational background w/emphasis on prehospital care? Yes ____ No ____
Identify education: _____
- Do you have at least one (1) year of experience of EMS in prehospital setting? Yes ____ No ____
Identify location: _____
- Do you have any specific technology and/or data software experience? Yes ____ No ____
Identify technology and programs: _____

- Do you have a valid Oregon driver's license? Yes ____ No ____
Driver's License State: _____
- Oregon or National Registry EMT or higher (**Attach current copy of license**) Yes ____ No ____
License State: _____ License Number: _____

Desirable Training and Certification:

Attach current and valid certifications or degrees listed below to the application.

- NFPA Instructor 1 Yes ____ No ____
- American Heart Association CPR Instructor Yes ____ No ____
- NFPA Driver (**Attach active copy of certificate**) Yes ____ No ____
- EVOC Certified (**Attach active copy of certificate**) Yes ____ No ____
- NFPA HazMat Awareness or equivalent (**Attach active copy of certificate**) Yes ____ No ____

Other Experience: (round to the closest year)

- TOTAL years of Full-time/Career Social Services experience: _____
- TOTAL years of Prehospital Care experience: _____
- TOTAL years of Physician Office experience: _____

Ambulance Experience: (round to the closest year)

- TOTAL years of Full-time, paid ambulance/transport experience: _____
- TOTAL years of Part-time, paid ambulance/transport experience: _____

College Experience:

- Associate Degree in Health Science, Social Work or related field Yes ____ No ____
 - Percentage of Degree COMPLETED: _____
 - Identify specific field of degree: _____
- Bachelor's Degree in Health Science, Social Work or related field Yes ____ No ____
 - Percentage of Degree COMPLETED: _____
 - Identify specific field of degree: _____

Other **RELEVANT CERTIFICATIONS** that may have benefit to the Community Care Provider Program (EMT) at Fire District 3. Examples may include but are not limited to social work licensure, Community Health Worker, Peer Support Specialist, or Personal Health Navigator certifications, etc.

Specialized Skills or Abilities: List any SKILLS or ABILITIES not already listed that may benefit Fire District 3. Examples may include but are not limited to bilingual, sign language, specific military training, etc.

Military Service: Have you served in a branch of the Military? Yes ____ No ____

If you desire to receive Veteran's Preference points, you must complete and attach the confidential Veteran's Preference Form AND submit a copy of your DD-214 or DD-215.

Please let us know how you heard about the Community Care Response Unit – EMT Process: *(Check all that apply)*

FD3 Website ____ College/University ____ Name: _____



Personal Referral ____ Name: _____

I understand that misrepresentation or omission of facts called for in the supplemental questionnaire may be cause for cancellation of the application and/or dismissal from employment no matter how or when discovered. **By typing my name in the space below I attest that all of the information above is true.**

Required typed signature

Jackson County Fire District 3

Application Acknowledgement Form

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am offered employment, I will be required to pass a thorough background investigation including a criminal history check, a driver's record check, pre-employment drug screen (if applicable), and/or physical and psychological exam (if applicable) as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.

Please initial: _____

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the District as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement, civil service rules, or other written agreement signed by the Fire Chief, that I may be suspended without pay, demoted, or discharged only for just cause. I further understand that during my first 12 months or probationary period, my employment with the District can be terminable at-will for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.

Please initial: _____

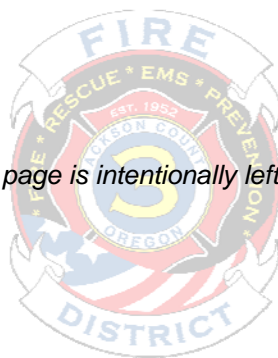
I have read, understand and agree with all of the above statements.

Signature of Applicant

Date

NOTE: This application is only valid for the job position and job opening applied for. To be considered for other job positions or job openings, you must submit a new application.

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Veteran's Preference Form

[CONFIDENTIAL PAGE]

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that applies to you. If you need further explanation or have special circumstances, please call Chief Examiner, Margie Calvert at 541-831-2718.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH YOUR APPLICATION. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

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, or
- ☐ 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, or
- ☐ For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
- ☐ For 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, or
- ☐ For at least one day in a combat zone and was discharged or released from active duty under honorable conditions, **or**
- ☐ I 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; **or**
- ☐ I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Please see the next page for applicable definitions

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and;
2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.

- ☐ I have a disability rating through 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 veteran's preference points 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.

Print Name

Service Number

Signature of Applicant

Date

Position Applied For: _____

DEFINITIONS

Armed Forces mean the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

Active duty does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

Combat zone means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
- (B) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
- (C) 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;
- (D) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
- (E) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
- (F) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) 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; or
- (c) Is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Disabled veteran means a person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.

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