



# Application Packet for Part-Time Clerk Position

Applications must be returned by

December 30, 2016 at 5:00 pm

Keizer Fire District  
661 Chemawa Road NE  
Keizer OR 97303  
503-390-9111



# KEIZER RURAL FIRE PROTECTION DISTRICT

661 Chemawa Rd. NE • Keizer, OR 97303 • (503) 390-9111

Application Number: \_\_\_\_\_

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

## EMPLOYMENT APPLICATION

FOR:

\_\_\_\_\_  
PRINT TITLE OF POSITION OR POSITIONS FOR WHICH YOU ARE APPLYING

**INSTRUCTIONS:** This application is part of the selection process. Please fill out carefully on a typewriter or in ink.

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Number and Street City State Zip Code

**Driver's License:**

Do you have a valid drivers license?  Yes  No

If Oregon license, please give number:

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Class/Type: \_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

**Telephone Number(s)**

Residence: \_\_\_\_\_

Business: \_\_\_\_\_

Message: \_\_\_\_\_

**Professional Licenses and Certificates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Application Number: \_\_\_\_\_

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

Application Number: \_\_\_\_\_

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

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my employment with the District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment.***

***Further, Keizer Fire District requires an employment physical. Such physical will include a drug screening test. My signature below serves as authorization to the physician to release all information relative to the employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the District terminated.***

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

**Send Application to:**

**Keizer Fire District  
661 Chemawa Rd. NE  
Keizer, OR 97303**

Equal Opportunity Employer



**KEIZER FIRE DISTRICT**

661 CHEMAWA RD. NE • KEIZER, OR 97303 • (503) 390-9111

**PRE-MEMBERSHIP AGREEMENT APPLICATION - Part Two**

**AUTHORIZATION TO RELEASE INFORMATION**

*Please read carefully and initial each paragraph before signing*

I understand and agree to the following terms:

\_\_\_\_\_  
Initials Any employment and/or membership with the Keizer Fire District is contingent upon investigation of my background, including but not limited to, character, criminal history, driving record, and satisfactory completion of a physical examination.

\_\_\_\_\_  
Initials I understand that this document, signed by me, authorizes the Keizer Fire District to investigate my employment history, criminal history, driving record, and any other related records or information necessary to determine qualifications and character for a position with the Keizer Fire District.

\_\_\_\_\_  
Initials The recipient of a copy of this signed document is hereby authorized and indemnified to divulge any and all information concerning my character, employment history, criminal history, and driving record. I further agree to allow an authorized representative of the Keizer Fire District to examine or request copies of such records. I voluntarily and knowingly release from all liability all persons and entities requesting and/or conducting such investigation or supplying information for such investigation, except that such release shall not be implied to waive any rights I may have to correct errors or misstatements contained in a consumer report.

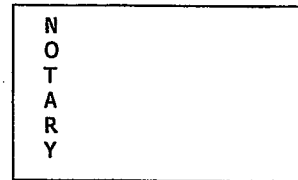
\_\_\_\_\_  
Initials I voluntarily and knowingly authorize, for employment purposes only, Keizer Fire District to obtain a consumer report or investigative consumer report, excluding a credit report showing my credit history, about me now or at any time during my employment/membership with the Keizer Fire District. The information sought may include, but is not limited to employment history, criminal history, and driving record. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the Keizer Fire District, within a reasonable time, for the name and address of the consumer reporting agency used by the Keizer Fire District so that I may obtain a complete disclosure of the nature and scope of the investigation and a written summary of my rights as a consumer.

\_\_\_\_\_  
Initials If the Keizer Fire District makes an offer of employment/membership to me that is contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination and consent to the release to Keizer Fire District of any and all medical information as it may be deemed necessary by the Keizer Fire District in judging my capability to do the work for which I am applying.

Print Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



PUBLIC SEAL

**Note:**

- A photocopy reproduced of this request shall be for all intents and purposes as valid as the original.
- This release will expire one (1) year after the date signed.

Subscribed and sworn to me  
on this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public for the State of Oregon