CIVIL SERVICE COMMISSION



KEIZER RURAL FIRE PROTECTION DISTRICT

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

Application Number:		Date:	
EMPLO		APPLICATION DR:	
PRINT TITLE OF PO	OSITION OR POSITION	IONS FOR WHICH YOU ARE APPLYING	
INSTRUCTIONS: This application is part	of the selection	process. Please fill out carefully on a typewrit	er or in ink.
NameFirst	Middle Initial	Last	
	Middle IIIIIai	Lasi	
Address Number and Street	City	State	Zip Code
Driver's License: Do you have a valid drivers license?	Yes ☐ No	Social Security Number:	
If Oregon license, please give number:	163 🗕 110	Telephone Number(s)	
		Residence:	
		Business:	
Class/Type:		Message:	
Professional Licenses and Certificates	:		
Veterans' Preference will be accorded as	provided by Oreg	on Revised Statutes 408.230	
DOCUMENTATION MUST BE PROVIDE	D.		
5 Points \Box			
10 Points 🔲			
BRANCH OF SERVICE	DATE (OF ENTRY DATE OF DISCHARGE	
fighters who have served a minimum of one (1) year and have att uirements shall qua	eference status shall be given to all active District volur cained NFPA accreditation as a FF-1 and/or an Associa alify for five (5) additional points providing a passing gra	te Degree
5 Points Five Points volunteer pref • One year in Keizer Volu	erence for those vo inteer Fire Fighter F		

						AND FORMAL TRAINING			
Do yo	ou have a high school diploma?	u	Yes	i – lis	t name o	of school and location School		City	State
			No	– list	highest	grade completed			
Do y	ou have a GED Certificate?		Yes	3		City			
			No		School	City	State		
	SCHOOL ATT				R HIGH	SCHOOL OR SPECIAL TRA	INING RECEI	VED.	
		_		1	$\neg \neg$				
		Fro	Г	T	$\overline{}$	Fields of Study or Titles of Special Cour		Hours completed	
		Mo.	Yr.	Mo.	Yr.	Titles of Special Coul	rses	Sem/Qtr	granted
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Rusii	ness or Trade Schools	ss or Trade Schools Subjects			Length of	Completed			
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					EMPLO	YMENT HISTORY			
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Application Number:	
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Employer		Address	E
Your Title		Supervisor's Name and Telephone	From Month Year
Duties (be specific)			To Month Year
Duties (de specific)			Total
			Time
			Years Months
			Hrs./Week If varied, indicate average
-			☐ Paid ☐ Unpaid
			Start Salary \$
			Monthly
May we contact this employer?	☐ Yes ☐ No	Reason for Leaving	Last Salary \$
			Wolfully
Employer		Address	From
Your Title		Supervisor's Name and Telephone	Month Year
		cuporvicor o riamo ana reiopneno	To
Duties (be specific)			Month Year
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			Years Months
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			If varied, indicate average
			☐ Paid ☐ Unpaid
			Start Salary \$Monthly
May we contact this employer?	☐ Yes ☐ No	Reason for Leaving	Last Salary \$
Employer		Address	From
Your Title		Supervisor's Name and Telephone	From Month Year
			То
Duties (be specific)			Month Year
			Total Time
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			Hrs./Week
			If varied, indicate average
			☐ Paid ☐ Unpaid
			Start Salary \$Monthly
M	D.V., D.N.	December 1 and and	Last Salary \$
May we contact this employer?	☐ Yes ☐ No	Reason for Leaving	Monthly
Employer		Address	
Your Title		Supervisor's Name and Telephone	FromMonth Year
		Supervisor s Hame and Telephone	— To
Duties (be specific)			Month Year
			Total
			Time Years Months
			Hrs./Week
			If varied, indicate average
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			Start Salary \$
			Monthly
May we contact this employer?	☐ Yes ☐ No	Reason for Leaving	Last Salary \$
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Employer Address Your Title Supervisor's Name and Telephone Duties (be specific) May we contact this employer?	☐ Paid Start Salary Last Salary u have known	th Year rs Months f varied, indicate average Unpaid Monthly Monthly
Duties (be specific) May we contact this employer?	Mor To	th Year rs Months f varied, indicate average Unpaid Monthly Monthly Monthly
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REFERENCES: Give the names of three persons not related to you, whom yo	TimeYea Hrs./Week Paid Start Salary Last Salary	f varied, indicate average Unpaid Monthly Monthly Monthly at least one year.
REFERENCES: Give the names of three persons not related to you, whom yo	Hrs./Week Paid Start Salary Last Salary	f varied, indicate average Unpaid Monthly Monthly Monthly at least one year.
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REFERENCES: Give the names of three persons not related to you, whom yo	u have known	Monthly at least one year.
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		<u>-</u>
my signature below, I certify that all answers and statements on this application are owledge. I understand that should an investigation disclose untruthful or misleading sted or my employment with the District terminated. In addition, I authorize previous formation as necessary to verify my qualifications for employment.	g answers, my a	application may be re
rther, Keizer Fire District requires an employment physical. Such physical will include low serves as authorization to the physician to release all information relative to the gresults. If such results indicate inability to perform the job applied for or drug use ected or my employment with the District terminated.	e employment p	hysical and drug test
gnature Date	, i unaerstana i	

Send Application to:

Civil Service Commission Keizer Fire District 661 Chemawa Rd. NE Keizer, OR 97303

Equal Opportunity Employer