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|  | **KEIZER FIRE DISTRICT** |
| 661 CHEMAWA [RD. NE](http://RD.NE) • KEIZER, OR 97303 • (503) 390-9111 |

**VOLUNTEER FIREFIGHTER/EMT APPLICATION -PART ONE**

Address: City/State/Zip:

Phone (home/cell): Spouses name:

Email: Social network sites:

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**PLEASE PRINT OR TYPE • FILL OUT COMPLETELY**

*Last First Middle Maiden/Alias*

Name:

Date of Birth: / / ODL# S.S.#

How long have you lived in Keizer?

**EDUCATIONAL INFORMATION**

Did you graduate from high school or earn a G.E.D.? Yes No Name of high school:

College/Trade school name and area of study:

Did you graduate? Yes No Degree Earned:

**CURRENT EMPLOYMENT INFORMATION**

Employer Name: Supervisor name/Ph.:

Address: City/State/Zip:

Job Title: Typical work schedule:

Length of employment:

May we contact this employer for a reference? Yes No Can you be late to work for an emergency call? Yes No

**EMPLOYMENT HISTORY**

*List two previous employers and provide a contact name, phone number and whether we may contact for a reference.*

Business & Location Job Title:

Supervisor: Phone: May we contact? Yes No

Business & Location Job Title:

Supervisor: Phone: May we contact? Yes No

**GENERAL INFORMATION**

Please explain why you are interested in becoming a member of this Fire District:

* All Keizer Firefighters are required to possess a valid Oregon Driver's License and a good driving record. *(Please provide a copy of both sides of driver's license)*
* Volunteers are required to be at least 18 years of age prior to being considered for membership.
* All Keizer Firefighters are required to live within the boundaries of Keizer Fire District or the City of Keizer.
* All Keizer Firefighters are required to successfully complete the Keizer Fire District Recruit Training Program.
* All applicants are required to pass a physical exam provided by the designated Fire District Physician.
* All applicants must have a High School Diploma or GED.

Yrs. Mos. How long have you worked in Keizer? Yrs Mos.

Duties:

**VOLUNTEER FIREFIGHTER/EMT APPLICATION - PART ONE, CONTINUED**

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| EIRE SERVICE OR EMSEXPERIENCE |
| *List all Fire Service or Emergency Medical Service agencies you have worked for or volunteered with in the past.  Use a separate page if necessary. Please provide the reason for leaving each agency.*  Agency & Location Job Title: |
| Supervisor: Reason for leaving: |
| Agency & Location Job Title: |
| Supervisor: Reason for leaving: |
| Please list or provide a copy of any EMT and/or Fire Service Certifications (including NREMT#, OR-EMT#, and DPSST#) or training records you have: |
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| **PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW** |
| Have you been convicted of a felony on or after your eighteenth birthday? (Do not include minor traffic violations or arrests without convictions) ❑ Yes ❑ No  ***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 status as a member of this Fire District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.***  ***Further, Keizer Fire District requires a physical examination and drug screening test. My signature below serves as authorization to the physician to release all information relative to this physical and drug testing results. If such results indicate inability to perform the job duties or indicate drug use, I understand my application may be rejected or my membership with this Fire District terminated.***  I understand that this application will be kept on file for SIX MONTHS from the date received (as listed below),  and that it is my responsibility to update this application or reapply as needed.  Initials |
|  |

Applicant Signature Date / /

Received By KFD (Print Name) Date / /

KFD Representative

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**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:

Any employment and/or membership with the Keizer Fire District is contingent upon investigation of my

Initials background, including but not limited to, character, criminal history, driving record, and satisfactory completion of a physical examination.

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

Initials qualifications and character for a position with the Keizer Fire District.

I certify that I have never been convicted of any crime or illegal act. Any exceptions are to be fully disclosed and explained in

Initials writing and attached to this document. Should any of the statements or claims stated herein be found false, I fully understand that I may be immediately terminated and disqualified from any future employment and/or membership considerations with the Keizer Fire District. I further agree to immediately notify the Keizer Fire District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust subsequent to completing this form.

The recipient of a copy of this signed document is hereby authorized and indemnified to divulge any and all

Initials 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.

I voluntarily and knowingly authorize, for employment purposes only, Keizer Fire District to obtain a consumer

Initials 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.

If the Keizer Fire District makes an offer of employment/membership to me that is contingent upon passing a pre-

Initials 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC SEAL

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| **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 |  |