



CIVIL SERVICE COMMISSION

KEIZER RURAL FIRE PROTECTION DISTRICT

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

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 and completely.

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

Attach a copy of your valid drivers license & include # here:

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Class/Type: _____

Social Security Number:

_____ - _____

Contact Number(s)

Home: _____

Cell: _____

Email: _____

Professional Licenses and Certificates: _____

Veterans' Preference will be accorded as provided by Oregon Revised Statutes 408.230

A copy of your "DD Form 214" must be attached.

5 Points

10 Points

BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE

Member Credit: In all competitive entrance examinations, preference status shall be given to active District Volunteers and/or students who have served a minimum of two (2) years in the capacity of firefighter with the Keizer Fire District. A current non-probationary employee of the District shall also be eligible for preference points. These members shall qualify for five (5) additional points providing the member meets all other position posting requirements and receives a passing score on any examinations administered during the testing and selection process. (Civil Service Rule VII, Section 12)

5 Points Five Points member credit for Volunteer, Student or Career if qualified as stated above:

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma? Yes – list name of school and location _____

No - list highest grade and date completed _____

Do you have a GED Certificate? Yes - list school and date completed _____

No

	From		To		Fields of Study or Titles of Special Courses	Hours completed Sem/Qtr	Certificates or degrees granted
	Mo.	Yr.	Mo.	Yr.			

Business or Trade Schools	From		To		Subjects	Length of Course	Completed
	Mo.	Yr.	Mo.	Yr.			

EMPLOYMENT HISTORY

- List below your work experience, paid or unpaid, beginning with your present or most recent job.
- 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. Explain significant breaks in work experience. You must complete this section of the application form.

PRESENT OR LAST POSITION	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

	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving _____	
PRESENT OR LAST POSITION	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

	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving _____	

Employer _____	Address _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Your Title _____	Supervisor's Name and Telephone _____	
Duties (be specific) _____		

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____		

Employer _____	Address _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Your Title _____	Supervisor's Name and Telephone _____	
Duties (be specific) _____		

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____		

Employer _____	Address _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Your Title _____	Supervisor's Name and Telephone _____	
Duties (be specific) _____		

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____		

Employer _____	Address _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Your Title _____	Supervisor's Name and Telephone _____	
Duties (be specific) _____		

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____		

Employer _____	Address _____	From _____ Month Year To _____ Month Year Total Time _____ Years Months Hrs./Week _____ If varied, indicate average <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Your Title _____	Supervisor's Name and Telephone _____	
Duties (be specific) _____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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:
Civil Service Commission
Keizer Fire District
661 Chemawa Rd. NE
Keizer, OR 97303

Equal Opportunity Employer

Keizer Fire District is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or any State of Oregon protected classifications. Keizer Fire District does not discriminate against any applicant or employee in hiring or in the terms, conditions, and privileges of employment based upon genetic information, pregnancy, childbirth, sexual orientation and gender identity, or related medical conditions. Keizer Fire District will make reasonable accommodations for qualified employees with physical or mental disabilities and for employee's religious beliefs that conflict with a workplace rule or function. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.