



KEIZER FIRE DISTRICT

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

VOLUNTEER FIREFIGHTER & STUDENT APPLICATION

PLEASE PRINT OR TYPE • FILL OUT COMPLETELY

Name: _____
Last First Middle Maiden/Alias

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

Address: _____ City/State/Zip: _____

Phone (home/cell): _____ Spouses name: _____

Email: _____ Social network sites: _____

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

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: _____ Duties: _____

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 Employees 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)*
- All applicants must have a High School Diploma or GED.

EMPLOYMENT APPLICATION - PART ONE, CONTINUED

EXPERIENCE

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:

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

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.

Applicant Signature _____ Date ____/____/____

Received By KFD (Print Name) _____ Date ____/____/____