



# 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

drivers license number:

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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

## HIGHER EDUCATION

From		To		Fields of Study or Titles of Special Courses	Hours completed Sem/Qtr	Certificates or degrees granted
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 _____
	Your Title _____	Supervisor's Name and Telephone _____	Month                      Year
	Duties (be specific) _____ _____		To _____
			Month                      Year
			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 _____
	Your Title _____	Supervisor's Name and Telephone _____	Month                      Year
	Duties (be specific) _____ _____		To _____
			Month                      Year
			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 _____		

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

<b>Name</b>	<b>Address</b>	<b>Business</b>	<b>Years Acquainted</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*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.*