



ESTACADA RURAL FIRE DISTRICT #69

“DESIRE TO SERVE, COURAGE TO ACT”

ESTACADA RURAL FIRE DISTRICT 69 VOLUNTEER MEMBERSHIP APPLICATION

NAME: _____

Position Applied For: Volunteer Firefighter Fire Corps Student
(Mark each that apply)

Dear Volunteer Applicant:

Estacada Rural Fire Protection District provides fire protection, emergency medical services, public fire and life safety education, home safety inspections and commercial fire safety inspections to members of the community surrounding and including the City of Estacada a community of approximately 13,000 people, 4300 homes, with an assessed valuation of \$757,229,179.35.

Volunteers are a vital link to providing this much needed protection at an affordable cost to the taxpayer. Volunteers are members of the community (taxpayers) that are actively doing something to bridge the gap between a public service agency and the community it serves bringing them closer together.

Added benefits to the volunteers include a \$30,000 dollar life insurance policy, medical disability, free annual physical examination and a reimbursement program to offset vehicle, clothing and education expenses incurred as a result of the volunteer's participation in emergency medical, fire responses and training activities.

Please complete the attached application for our records. It includes a personal information form, an authorization to release information form and blank pages for the purpose of completing a resume briefly describing your personal history.

Estacada Rural Fire District #69's pre-entry and physical agility examination has been developed due to the complexity and changes of the Fire Service as we know it today. In addition, there are many mandated certification and skill levels that the Fire District must assure that all members attain. Many of these mandates or standards are established by Federal and State laws, Accident Prevention Division, OSHA, National Fire Protection Association and the Oregon State Fire Marshal's Office.

This pre-entry test and physical agility test will assist the Fire District in assessing your success in the numerous certification and task levels you will be expected to achieve as a Volunteer member of the Estacada Rural Fire District.



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P.O. BOX 608
ESTACADA, OREGON 97023
(503) 630-7712

Estacada Rural Fire District #69 makes its volunteer recruitment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to job performance.

This application will be considered only for the specific job applied for. If you desire to be considered for a position at a future time, you must file a new application.

Job applied for: _____ Date: _____

Name: _____ Social Security No.: _____

Address: _____

Telephone: _____ Driver's License #: _____ State issued: _____

Are you over 18 years of age? Yes, No

It is the District's policy to comply with the provisions of the Immigration Reform and Control Act of 1986 and to recruit only authorized volunteers. If you are hired, you will be asked to provide verification of your eligibility. The types of verification required may change from time to time as federal regulations are promulgated or amended. Your volunteer services will not be continued if you are unable to or are unwilling to provide the verification requested by the District.

Please describe any education, training, qualifications, or skills that you think are relevant to the position for which you are applying.

Have you ever worked or volunteered for the District before? Yes, No

If so, list the beginning and ending dates worked: _____, _____

Position(s) held: _____

How did you become aware of this opening? _____



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Do you have any relatives, either by blood or marriage, who currently work for the District or who are members of the board of directors of the District? Yes, No

If yes, give their name(s): _____

Schooling/Training

High School: _____ Graduated? Yes No

G.E.D.: Yes No

College: _____ Years: _____

Degree: _____

List Schools Attended Following High School:

SCHOOL	FROM/TO	FIELD OF STUDY	CREDIT
_____	_____	_____	_____
_____	_____	_____	_____



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Previous Work Experience

Please list all employment and any periods of unemployment for the last 10 years, beginning with the most recent employment; attach additional sheets if necessary.

1. Company Name: _____ Telephone No. (____) _____
Company Address: _____
Immediate Supervisor's Name: _____
First Date Employed: _____; Last date employed: _____
Position(s) Held: _____
Ending Salary or Hourly Wage: _____
Job Responsibilities, Equipment Operated: _____

Reason for Leaving: _____

2. Company Name: _____ Telephone No. (____) _____
Company Address: _____
Immediate Supervisor's Name: _____
First Date Employed: _____; Last date employed: _____
Position(s) Held: _____
Ending Salary or Hourly Wage: _____
Job Responsibilities, Equipment Operated: _____

Reason for Leaving: _____

3. Company Name: _____ Telephone No. (____) _____
Company Address: _____
Immediate Supervisor's Name: _____
First Date Employed: _____; Last date employed: _____
Position(s) Held: _____
Ending Salary or Hourly Wage: _____
Job Responsibilities, Equipment Operated: _____
Reason for Leaving: _____



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May we make inquiries of your current employer? Yes; No

References

List three persons other than relatives or previous employers who have known you longer than one year. Do not include any person who lives in your household.

Name	Address and Phone	Occupation

Please list any criminal convictions (other than traffic infractions) sustained within the last 10 years. Include nature of offense leading to the conviction(s), date of conviction(s), and sentence(s) imposed. Use additional sheets as needed. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of the circumstances, such as: the nature of the crime, the timelines of the conviction, and the type of work involved.



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In submitting this application (and attached resume, if any), I authorize the investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application (or attached resume, if any) may result in cancellation of the application and/or separation from the District's service. I agree that I will undergo a physical examination at the District's expense, if requested by the District, and that a physical examination may include a drug screen.

In consideration of any volunteer position, I agree to conform to the rules and regulations of the District. My volunteer position can be terminated, with or without cause, and with or without notice, at any time, at the option of either the District or myself. I understand that no representative of the District except the fire chief or the board of directors has the authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing. I certify I have read all of this application and the information I have provided above is true and correct.

Date: _____

Applicant's Signature: _____



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DISCLOSURE

As part of the employment process, **Estacada Rural Fire District #69** (the “Company”), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with **Estacada Rural Fire District #69**, (“The Company”), I hereby authorize BIO-MED/ choicepoint Services Inc., on behalf of **Estacada Rural Fire District #69**, (“The Company”), to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name

Date Signed

Other Names used? _____

Street Address _____

City, State, Zip _____

Applicant Signature

_____-_____-_____
Social Security Number *

Date of Birth *

* For Identification Purposes Only

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

Employer please note: If the consumer checks “YES” regarding the consumer report consume, please fax this form to your BIO-MED/ choicepoint service center. If a California consumer checks “YES” regarding the full consumer report, you will need to provide the individual with a copy of their consumer report.



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- YES, I am a CURRENT California resident and would like a free copy of my investigative consumer report.
- YES, I am a CURRENT Minnesota resident and would like a free copy of my consumer report.
- YES, I am a CURRENT Oklahoma resident and would like a free copy of my consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If consumer checks “YES” regarding the full consumer report, and the consumer resides in California, you will need to provide the individual with a copy of their consumer report. If a Minnesota or Oklahoma resident checks “YES”, please fax this form to BIO-MED/ choicepoint at 503-315-8995.

How and who do you want to receive the information? Be aware this is confidential information and you are responsible to be sure if you want the info by FAX or e-mail that the information will be received in a secure manner.

CHECK ONE:

Email: _____

FAX: _____

US Mail: _____

Your Organization Name: **Estacada Rural Fire District #69**

Phone Number: **503-630-7712**

Authorized Representative Name: **Jennifer L. Molina, Administrative Assistant/H.R.**

Authorized/ Secure e-mail address: **jmolina@estacadafire.org**

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