



ESTACADA RURAL FIRE DISTRICT 69 VOLUNTEER FIREFIGHTER/EMT MEMBERSHIP APPLICATION

SPONSORED BY _____

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, 3000 homes, with an assessed valuation of \$ 635,805,183.

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 25,000 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 a blank page for the purpose of completing a brief resume to describe a short, but thorough personal history.

Part of the process in your becoming a Volunteer Firefighter for Estacada Rural Fire District will include a pre-entry examination. This examination is intended to test your general knowledge and reading comprehension. The test consists of 25 questions selected from the A.S.V.A.B. pre military exam, a passing grade of 70% is recommended in order to become a member of the Estacada Rural Fire District.

The pre-entry and physical agility examination has been developed because of 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.

ESTACADA RURAL FIRE DISTRICT 69 VOLUNTEER FIREFIGHTER/EMT MEMBERSHIP APPLICATION

P.O. BOX 608/261 S.E. FIFTH AVENUE
ESTACADA, OREGON 97023
(503) 630-7712

Sponsored by: _____

PERSONAL INFORMATION

NAME _____ DATE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: BUSINESS: _____ HOME: _____ D.O.B. _____ HEIGHT _____ WEIGHT _____

SOCIAL SECURITY # _____ MARTIAL STATUS _____ SPOUSE/SIGNIFICANT
OTHER NAME: _____

DO YOU HAVE A VALID DRIVERS LICENSE? ___ Yes ___ No

STATE IN WHICH LICENSE WAS ISSUED _____ LICENSE NO. _____

PERSONAL PHYSICIAN:

NAME: _____ ADDRESS: _____

PHONE: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME _____ ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

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
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT

(LIST PREVIOUS EMPLOYERS IF EMPLOYED LESS THAN 10 YRS. WITH PRESENT EMPLOYER)

(MAY WE CONTACT YOUR CURRENT AND PAST EMPLOYERS? ___ Yes ___ No)

LIST PRESENT EMPLOYER FIRST:

1] EMPLOYER _____ ADDRESS: _____
WORK PHONE _____ HOW LONG EMPLOYED HERE _____ WORK HOURS/DAYS OF WEEK _____
DUTIES: _____

2] EMPLOYER _____ ADDRESS: _____
WORK PHONE: _____ HOW LONG EMPLOYED HERE: _____
DUTIES: _____

3] EMPLOYER _____ ADDRESS: _____
WORK PHONE _____ HOW LONG EMPLOYED HERE: _____
DUTIES: _____

FIRE SERVICE/EMS EXPERIENCE

List Fire Department/Emergency Medical Company in which you have been an active member, list last first:

(MAY WE CONTACT YOUR PRESENT & PAST DEPARTMENTS/COMPANY? ___ Yes ___ No).

1. DEPARTMENT: _____ ADDRESS: _____
PHONE: _____ ACTIVE MEMBER FROM _____ TO _____, VOLUNTEER _____ CAREER _____
AUTHORIZED TO DRIVE AND OPERATE PUMPER APPARATUS: ___ Yes ___ No.
DUTIES: _____

REASON FOR LEAVING: _____

2. DEPARTMENT: _____ ADDRESS: _____
PHONE: _____ ACTIVE MEMBER FROM _____ TO _____, VOLUNTEER _____ CAREER _____
AUTHORIZED TO DRIVE AND OPERATE PUMPER APPARATUS : ___ Yes ___ No.
DUTIES: _____

REASON FOR LEAVING: _____

CERTIFICATIONS:

DO YOU HOLD A CURRENT E.M.T. CERTIFICATE? ___Yes ___No CERTIFICATE NO.: _____ STATE _____

DO YOU HOLD FSAB CERTIFICATIONS:

Please list:

SPECIAL CERTIFICATIONS/TRAINING

Please list any special certifications/training that would be helpful in the Fire/EMS service: (ie: Diver/Steep Angle Rescue/Fire Service Certifications from other states).

PERSONAL REFERENCES:

(List three (3), No Relatives, who are familiar with your character and abilities)

NAME _____ NAME _____

ADDRESS: _____ ADDRESS: _____

OCCUPATION _____ OCCUPATION _____

PHONE: _____ PHONE: _____

NAME _____

ADDRESS: _____

OCCUPATION _____

PHONE: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

- | | YES | NO |
|--|-------|-------|
| 1. Have you ever been convicted of a crime involving theft, moral turpitude, violence or felony | _____ | _____ |
| 2. Any motor vehicle accidents in last 3 years | _____ | _____ |
| 3. Any moving violations in last 3 years | _____ | _____ |
| 4. Are you aware of any past/present medical problems which could interfere with the requirements of volunteer firefighter/EMT | _____ | _____ |

IF YOU ANSWER IS **YES** TO ANY OF THE ABOVE, PLEASE EXPLAIN FULLY

MY SIGNATURE AFFIRMS THAT THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISQUALIFICATION OR DISMISSAL.

SIGNATURE _____ DATE _____

PLEASE DESCRIBE IN YOUR OWN HANDWRITING WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE ESTACADA VOLUNTEER FIREFIGHTERS ASSOCIATION.

INCLUDE A BRIEF PERSONAL HISTORY OF YOURSELF THAT DESCRIBES EDUCATIONAL BACKGROUND, TALENT, SKILLS THAT YOU POSSESS WHICH WOULD BE BENEFICIAL TO OUR ORGANIZATION:

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.

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**