

APPLICATION INSTRUCTIONS- PLEASE READ CAREFULLY

A complete application packet must be received no later than **5:00 p.m. PST May 31, 2023**.
Application materials must be dropped off in person or sent via US Mail:

Angel Todd – Administrative Assistant

Estacada Fire District
445 SE Currin Street
PO Box 1385
Estacada, OR 97023

Questions may be directed to Ian O'Connor via e-mail or by phone at 503-630-7712 For an application packet to be considered complete, include the following:

- Completed Estacada Fire District Employment Application
- Resume
- Cover Letter
- Copies of minimum certifications/qualifications.

The top 6 scoring candidates will be invited to participate in the testing process tentatively scheduled for Thursday June 8, 2023.



Estacada Fire District Employment Application

Estacada Rural Fire District provides equal employment opportunities to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

**IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY.
YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.**

Position		
Position Applying For:	Available Start Date	Today's date

Personal Information			
Name			
Address	City	State	Zip
Phone Number	Mobile Number	Email Address	
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of identity will be required upon employment)			

Education List any colleges, military, trade, business or other schools attended.				
Do you have a high school diploma or GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?

Certificates & Licenses List professional license, registration, or certificate required or preferred for position.			
Type	Issuing Agency	Date Issued	Date Expires
<p>This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.</p>			

Employer (1)	Job Title		Dates Employed (from-to)	
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				
Employer (2)	Job Title		Dates Employed (from-to)	
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				
Employer (3)	Job Title		Dates Employed (from-to)	
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				

Employer (4)	Job Title		Dates Employed (from-to)	
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				

References

Name: _____ Title: _____
Company: _____ Relationship to you: _____
Phone: _____ Email: _____

Name: _____ Title: _____
Company: _____ Relationship to you: _____
Phone: _____ Email: _____

Name: _____ Title: _____
Company: _____ Relationship to you: _____
Phone: _____ Email: _____

Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.
- I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation.
 - Yes
 - No Explanation: _____

Signature: _____ Date: _____

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. **If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4).** This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions.
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions.
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-related disability.
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions.
- And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions.
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs;
or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____

Date: _____

Position Applied For: _____

Application Checklist minimum qualifications
Please include copies with your application packet

	Yes	No	Comments or Equivalency
Are you currently certified as an EMT in the State of Oregon, or National Registry with the ability to gain Oregon certification?			
Do you maintain a current NFPA Firefighter 1 or equivalent certification?			
Are you 18 years of age or older?			
Do you have a current Instructor 1 certification?			
Do you have a current NWCG or equivalent Type 1 wildland Firefighter certification?			
Do you have an associate degree in Fire Science, Fire Prevention, marketing or related field.			
Do you have a minimum of 5-years' experience in emergency operations for a combination volunteer/career fire district?			
Do you have an Associate degree in Fire Science, Fire Prevention, marketing or related field.			
Do you have a valid and insurable Oregon Driver's license.			