

AURORA FIRE DISTRICT #63

21390 Main Street – PO Box 9, Aurora Oregon 97002

Office 503-678-5966 Fax 503-678-1344

All pages of this application must be completed. If any part of the application does not apply to you, use the symbol NA. If you need assistance completing this application, please notify us.

Volunteer Firefighter / Resident Student Firefighter

Date: _____		Position Applying for: _____				
Name:						
_____		_____		_____		
Last		First		Middle		
Present Mailing & Street Address:						

Number	Street	City	State	Zip		
How Long: _____		Telephone: _____				

Days available:						
Mon	Tue	Wed	Thur	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____
Can you work nights? _____		How soon are you available for work? _____				
Have you ever applied for employment with this District before? _____No _____Yes If yes, date of application? _____						

THIS APPLICATION IS CONSIDERED ONLY FOR THE POSITION LISTED ABOVE.

Have you, since the age 18, ever been convicted of a crime? _____No _____ Yes

If yes, explain each conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Each conviction will be evaluated individually with respect to time, circumstances and seriousness.

Education and Formal Training

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Special training or certifications:

Attach photocopies of any of the above certificates that you possess.

This information will not necessarily disqualify you from employment.

Do you have a driver's license? ___ Yes ___ No

Driver's license number _____ State of issue _____
 ___ Operator ___ Commercial (CDL) ___ Chauffer

Expiration date _____

Have you had any accidents during the past three years? _____
 How many? _____

If yes, attach an explanation

Have you had any moving violations during the past three years? _____
 How many? _____

If yes attach an explanation

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever served in, or are you currently in the armed forces?

Yes No Currently

Specialty _____

Date Entered _____ Discharge Date _____

Work Experience:

Please list your work experience for the past five years beginning with the most recent job held. If you were self-employed, give firm or business name. Attach additional sheets if necessary. [For some positions, it may be important to know more than five years of employment history.]

1 NAME OF EMPLOYER	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip		From To	Start Finish
Phone #	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

2 NAME OF EMPLOYER	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip		From To	Start Finish
Phone #	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

3 NAME OF EMPLOYER	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip		From To	Start Finish
Phone #	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

4 NAME OF EMPLOYER	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip		From To	Start Finish
Phone #	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

5 NAME OF EMPLOYER	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip		From To	Start Finish
Phone #	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Has your employment ever been involuntarily terminated? ____ Yes ____ No
If yes, please explain.

May we contact your employer? ____ Yes ____ No

Did you complete this application yourself? ____ Yes ____ No

If not, who did? _____

PLEASE READ CAREFULLY

In exchange for the consideration of my application by Aurora Fire District
I agree that:

If I become employed by the Aurora Fire District, my employment will be "at-will." This means that either the Aurora Fire District or myself may terminate my employment with or without cause and with or without notice. Any employment I may be offered will be at-will regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, or other District practices. The at-will nature of any employment I may be offered cannot be altered except by a written instrument signed by the Fire Chief of the District. If employed, I understand that the District may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for rejection of my application or dismissal from employment at any time without any previous notice. I hereby give the District permission to review public records regarding my personal and professional background, and to contact schools, previous employers, references, and others, and hereby release the District from any liability as a result of such contacts. I agree immediately to notify the District if I should be convicted of a crime while my job application is pending, or during my period of employment, if hired.

I further understand that, if selected as a finalist, I may be required to take and pass a drug and alcohol test prior to appointment to this position.

Signature _____
Date _____

Aurora Fire District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or any other status protected by law.

Thank you for completing this application form and for your interest in our organization