

St. Paul Fire District Employment Application



**The St. Paul Fire District is an
Equal Opportunity Employer**

**Return To:
PO Box 144
St. Paul OR, 97137
503-633-4602**

Name: _____
Position Applying for: _____

Position Applied For: _____

Applicant Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home: _____ Cell: _____

Best Time to call: _____ Email: _____

May we contact you at work? **Yes No** Work number: _____

Driver's license number/state: _____ Type of License: _____

Social Security Number: _____ Place of Birth: _____

Date of Birth: _____ Do you agree to a Background check: **Y N**

Do you speak or write another language? **Yes No** What? _____

Are you seeking: Volunteer firefighter ___ Volunteer EMT ___
Volunteer FF/EMT ___ Part-time Paramedic ___

Do you have a high school diploma or GED certificate? **Yes No**

Background Information

Have you ever been convicted, pled Guilty or No contest, or forfeited bond or bail for any crime other than a traffic violation? **Yes No**

If yes, please explain.

Employment Experience

Please start with your most recent employer and include all history. Include volunteer experiences.

Job Title _____ Start Date ____ End Date _____

Employer _____

Address _____

Phone _____

May we contact this employer? Yes NO Direct supervisor _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities

Job Title _____ Start Date ____ End Date _____

Employer _____

Address _____

Phone _____

May we contact this employer? Yes NO Direct supervisor _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities

Job Title _____ Start Date ____ End Date _____

Employer _____

Address _____

Phone _____

May we contact this employer? Yes NO Direct supervisor _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities

Job Title _____ **Start Date** _____ **End Date** _____

Employer _____

Address _____

Phone _____

May we contact this employer? Yes NO Direct supervisor _____

Number of people you supervised _____

Reason for leaving _____

Duties and responsibilities

References

Name _____ Years Known _____

Employment _____ Phone # _____

Address

Name _____ Years Known _____

Employment _____ Phone # _____

Address

Name _____ Years Known _____

Employment _____ Phone # _____

Address

Education and Training Summary

Colleges, Nursing, Military, Trades, Buisness or Other Schools Attended

Name of School, Location Major Certificates or degree received

1. _____

2. _____

3. _____

4. _____

5. _____

Licenses and Certificates

List below any licenses/certificates that you have required for this position.

Title of License or Certificate _____

Number _____ Issuing Agency _____ Exp Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Exp Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Exp Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Exp Date _____

Title of License or Certificate _____

Number _____ Issuing Agency _____ Exp Date _____

Certification of Information/Release

By My Signature Below, I:

Authorize the investigation of all matters which the St. Paul Fire District deem relevant to my qualifications for employment including all statements made in this application and in any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, co-workers etc.) employers or other entities (schools, etc) supplying it. I also release you from all liability which might result from making the investigation.

Certify that the fact and information given in this application, in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

Understanding that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medial inquires and/or urinalysis test for the presence of drugs or alcohol. I agree to such examinations, inquiries or testing. I authorize released of the results to the fire district to evaluate my suitability for employment. I release the fire district from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a part-time employee, I cannot expect continued employment in a part-time position or to automatically become a

regular employee. As a part-time employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

Signature: _____ Date: _____