



Sublimity Fire District
 115 NW Parker St
 P.O. Box 911
 Sublimity, OR 97385
 503-769-3282
 fax 503-769-4579
www.sublimityfire.com

An Equal Opportunity Employer

MEMBER APPLICATION

Position Applied For: _____
(Resident Intern, Volunteer Firefighter, Fire Corps, Cadet)

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room. PLEASE PRINT or type, except for signature on back of application. All information you give on this application will be held in strict confidence. Please attach copies of DPSST certificates and a résumé.

PERSONAL DATA

Last Name	First Name	Middle Name
Present Mailing Address	City	State Zip Code
Telephone Number (____) _____ - _____	Social Security Number _____	
e-mail address _____	Birth date (<i>optional</i>) _____	
When are you available? _____	Are you between 18 and 70 years old? Yes ___ No ___	
Would you take a physical examination if required? Yes ___ No ___		

GENERAL INFORMATION

Do you have a valid driver's license? Yes ___ No ___ Driver's License Number _____ State ___

Emergency Medical Technician Rating _____ Fire Instructor Level _____

Have you ever been convicted of any law violation? (except a minor traffic violation)
 Yes ___ No ___ If yes, give brief explanation:

EDUCATION

Name, address and location of school	Highest grade completed	Did you graduate?
High School: _____ _____	_____	_____
College or University: _____ _____	_____	_____
Major: _____ Degree: _____ _____		
College or University: _____ _____	_____	_____
Major: _____ Degree: _____ _____		
Additional Education/Vocational/Technical Training		Courses Completed
School: _____		_____
School: _____		_____
School: _____		_____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). Please give month and year.

_____ From _____ To _____
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: _____ Telephone: _____

Title: _____ Start _____ Final _____
Salary

Reason for Leaving:

Duties: _____

WORK HISTORY - continued

■ Employed From _____ To _____
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: _____ Telephone: _____

Title: _____ Start _____ Final _____
Salary

Reason for Leaving:

Duties: _____

■ Employed From _____ To _____
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: _____ Telephone: _____

Title: _____ Start _____ Final _____
Salary

Reason for Leaving:

Duties: _____

■ Employed From _____ To _____
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: _____ Telephone: _____

Title: _____ Start _____ Final _____
Salary

Reason for Leaving:

Duties: _____

SKILLS

(Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application)

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my participation/employment with the fire district terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment and further give my permission for the agency or their agent (s) to conduct the required background checks including a police records check.

Further, the fire district may require a pre-employment physical with a physician retained by the agency. Such physical may include a drug screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

SIGNATURE _____ DATE _____

EMERGENCY MEDICAL SKILLS (Please list highest level of EMS training currently certified)

American Red Cross First Aid: _____

Emergency Medical Technician level: _____ State of _____ EMT expiration date: _____

National Registry EMT expiration date: _____

Other EMS training: _____

State Teaching Certificate: _____

NFPA Instructional Certificate (Expiration Date): _____

State Instructional Certificate (Expiration Date): _____

Other Instructional Training: _____



SUBLIMITY FIRE DISTRICT
Pre-Membership Agreement
and
Authorization to Release Information

I understand and agree to the following terms:

My membership with the Sublimity Fire District is contingent upon investigation of my background, including but not limited to character, criminal and arrest history, past health history, and satisfactory completion of a physical examination. I understand that this document, signed by me, authorizes the Sublimity Fire District to investigate criminal records, and any other records necessary to determine job-related qualifications for a position with the Sublimity Fire District.

I certify that I have not had a disabling injury in the past twelve (12) months.

I certify that I have no record of any criminal background. Should any of the statements or claims stated herein be found to be false, I fully understand that I may be terminated and disqualified from future membership considerations with the Sublimity Fire District.

I also certify that Sublimity Fire District may use photos for the in district displays and publications.

I understand that if my membership is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted.

The recipient of a copy of this signed document is hereby authorized and indemnified to divulge information concerning my character, criminal history, past health history, and to allow a delegated representative of the Sublimity Fire District to examine such records. I hereby release you, your organization and others from any liability or damage that may arise from furnishing information requested.

Signature of Applicant

Signature of Parent/Guardian (under 18)

Signature of Witness

Printed Name of Parent/Guardian

Date: _____

Note: The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

PLEASE PRINT CLEARLY

Name: (Last)	(First)	(Middle)
Other Names Used-include maiden name, aliases, nicknames		
Address:		
City/State/Zip		
Telephone:	SS#:	DOB
Driver's License #:	Type	State