



# Central Oregon Coast Fire & Rescue District

## Employment Application

COCFRD provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, 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.

**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.**

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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
(Proof of identity will be required upon employment)			

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

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



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<b>Employer (2)</b>		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					
<b>Duties</b>					
<b>Employer (3)</b>		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					
<b>Duties</b>					
<b>General Information</b>					
Please describe any skills or specialized training you will bring with you:					
_____					
_____					
_____					
_____					
_____					
<b>References</b>					
Name: _____			Title: _____		
Company: _____			Relationship to you: _____		
Phone: _____			Email: _____		
Name: _____			Title: _____		
Company: _____			Relationship to you: _____		
Phone: _____			Email: _____		
Name: _____			Title: _____		
Company: _____			Relationship to you: _____		
Phone: _____			Email: _____		



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## Fire Service/ Emergency Medical Service Agencies

Please list all Fire Service or Emergency Medical Service agencies you have worked or volunteered for in the past. Use a separate page if necessary. Please provide the reason for leaving each agency.

1) Agency & Location \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_

2) Agency & Location \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_

3) Agency & Location \_\_\_\_\_ Job Title \_\_\_\_\_

Other: \_\_\_\_\_

## Driving and Criminal History

**Driving record:** List any and all driving citations or chargeable accidents you have had within the past five (5) years.

If none mark N/A ( )

Date	Infraction	Court
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Convictions:** List all instances in which you have been convicted of breaking any law except traffic citations. If none mark N/A ( )

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____



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## Please Read the Following Carefully and Sign Below

*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 status as a member of the respective Fire District be terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.*

### **Release and Authorization for Perpetual Use of Name, Image, Likeness and Voice; Intellectual Property and Copyright Assignment**

If appointed as a volunteer, I hereby consent to and authorize the use of my name, image, likeness, and voice, in whatever form recorded, reproduced, or depicted, by any of the Fire Districts of Lincoln County, for any purpose, including, but not limited to, recruitment, public relations, advertising fundraising, education and training. This release and authorization shall be perpetual and shall apply during and after my tenure as a volunteer. I understand that news media (radio, television, magazine newspaper, webcasts, blogs, etc.) capture candid images at events at which personnel may be present and reproduce and/or publish these images. I further understand it my likeness may be used in reports requested by courts, and state and local police agencies. I further assign all copyright, trademark, or other intellectual property rights I may have in any materials which I may create for any of the Fire Districts of Lincoln County to the fire district for which such materials are created. I understand that I will not receive any financial compensation for any of the above-described uses of my name, image, likeness, or voice, or for any copyright, trademark or intellectual property assigned by this paragraph.

**Applicant Initials** \_\_\_\_\_

### **Physical Exam & Medical Records Release Waiver and Records Authorization**

In connection with my application, I understand that if any of the Fire Districts of Lincoln County makes me an offer of appointment to volunteer status (except for some support service positions), the offer is contingent upon my passing a pre-appointment physical examination, including a drug screening exam and x-rays, and I consent to such examination. I consent to releasing any medical information as may be deemed necessary by the specific fire district or districts making the contingent offer of appointment to enable them to judge my capability to perform the essential job functions of the position for which I am applying. Further, I grant permission to the district or districts for which I volunteer to demand at any time a drug screening and/or alcohol screening while acting in the capacity of a volunteer for the District.

**Applicant Initials** \_\_\_\_\_

**I understand that this application will be kept on file from the date received (as listed below), and that it is my responsibility to update this application or re-apply as needed.**

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **Witness Date**

\*A photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future.

\*This release will be kept on file for the duration of membership or employment

*Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status, or any other legally protected status or characteristic.*

**APPLICANT DISCLOSURE AND  
AUTHORIZATION FORM  
(IMPORTANT – PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

{Employer} (“The Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history including current positions, worker’s compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 (their privacy policy can be reviewed at <http://www.clearstar.net/privacy-policy/including> information about including whether your personal information will be sent outside the United States or its territories. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those document. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports “by the Company at any time after receipt of the authorization and throughout my employment, if applicable, I agree that a facsimile (:fax), electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE PRINT LEGIBLY**

Prospective Employer (Company): \_\_\_\_\_

Applicant’s Full Name (Print): \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

Previous Name Used: \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr.)

(Only if MVR is required)

Driver’s License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(For Verification Only) Month Day Year

Current Address: \_\_\_\_\_  
Street Address (Apt.)  
\_\_\_\_\_  
City State Zip Code

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act. I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time. \* This information will be used for background screening purposes only and will not be used for any other purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_