



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.**

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 checked="" 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



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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.

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 OR	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



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

Certification & Signature	
<p>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.</p>	
<ul style="list-style-type: none">• 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 <input type="radio"/> No Explanation: _____	
Signature: _____	Date: _____