

LINCOLN COUNTY FIRE DISTRICTS VOLUNTEER APPLICATION

Agency(s) you are requesting membership with: What area(s) of involvement are you interested in?

- Central Oregon Coast Fire & Rescue,
- Depoe Bay Fire & Rescue,
- Newport Fire Department
- North Lincoln Fire & Rescue,
- Seal Rock Fire District,
- Siletz Fire District,
- Toledo Fire Department
- Yachats Fire District

- Fire Suppression
- Emergency Medical Services
- Technical Rescue Responder (rope/water)
- Support Services
- Resident Volunteer
- Shift Volunteer
- CERT

PLEASE PRINT OR TYPE • FILL OUT COMPLETELY

Name: _____

Last
First
Full Middle Name
Maiden/Alias

Address: _____ City/State/Zip: _____

How long have you lived at this address: _____ yrs. / _____ months Do you work in this city? Y N

If no where do you work? _____

Phone (Home or Cell) _____ Email _____

Social networking sites: _____

CURRENT EMPLOYER INFORMATION

Employer Name: _____ Supervisor name: _____

Address: _____

Mailing
City
State
Zip

Job Title: _____ Typical work schedule: _____

How long at present job: _____ yrs. / months Duties _____

May we contact this employer for a reference Y N

EMPLOYMENT HISTORY

List employers for the past five (5) years and provide a contact name and phone number.
 Use a separate page if necessary

1) Business & Location _____ Job Title _____

Supervisor: _____ Phone _____ May we contact Y N

2) Business & Location _____ Job Title _____

Supervisor: _____ Phone _____ May we contact Y N

3) Business & Location _____ Job Title _____

Supervisor: _____ Phone _____ May we contact Y N

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.

GENERAL INFORMATION

Please describe any skills or specialized training you will bring with you: _____

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: _____

Other: _____

Provide a copy of any EMT, Fire Service Certifications or training records

EDUCATION HISTORY

High School _____ Location _____ Diploma or GED (circle) Year _____

College Name _____ Location _____ Dates – From/To _____ Major, Degree or Certificate _____

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 _____

REFERENCES

References: (Please list 2 individuals other than relatives, who have known you for more than one year)

Last Name _____ First Name _____ Phone _____

Last Name _____ First Name _____ Phone _____

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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.

Permission to Procure an Investigative Report

Please type or print legibly your name as it appears on your driver's license

LAST FIRST FULL MIDDLE

STREET ADDRESS

CITY STATE ZIPCODE

Please list other names used and dates of name change in the last ten years:

FULL NAME DATE

FULL NAME DATE

FULL NAME DATE

DOB: ____/____/____ SSN: ____/____/____

DRIVERS LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? _____ If yes, please provide details of all violations and location so all convictions (A yes answer will not necessarily disqualify you from employment.)

Residences: Please list residences in the last 10 years

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

*In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law any of the **Fire Districts of Lincoln County** to which I am applying, their employees, agents and volunteers, any individual or agency obtaining information for any of **The Fire Districts of Lincoln County** to which I am applying, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or the disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.*

Signed Date

Witnessed Date

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**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: _____