



Woodburn Fire District
 1776 Newberg Hwy, Woodburn, OR 97071
 503-982-2360

Employment Application

Position Applied For:

Career _____
 Position

Paid on Call Volunteer

Student Resident Volunteer

Administration _____
 Position

| Personal Information | | | |
|----------------------|----------------------|---------------------------|---------------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Last | First | Middle |
| Phone | <input type="text"/> | Home <input type="text"/> | Home <input type="text"/> |
| | | Cell <input type="text"/> | Cell <input type="text"/> |
| | | Work <input type="text"/> | Work <input type="text"/> |
| Email | <input type="text"/> | | |
| Home Address | <input type="text"/> | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | City | State | Zip |

| Education | | | |
|--|--------------------------|------------------------|----------------------|
| <i>List the level of your completed education and any special training, license, certifications or other skills you may have that are pertinent to the position for which you are applying, including any non-paid or volunteer work. All verifying documents must be filed with this application.</i> | | | |
| Name & Location of School | Principle Field of Study | No. of Years Completed | Degree/Certificate |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Special training, license, certificates or professional memberships and affiliations: | | | |
| <input type="text"/> | | | |
| EMT Level and Certification Number: | <input type="text"/> | | |

Employment History

This section must be completed in its entirety. List all work experience, paid or unpaid, beginning with your current or most recent employment. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking with Woodburn Fire District. Explain all breaks in continuous employment. If more space is needed, additional pages may be added

| | | | |
|---------------------------|--|-------------------|--------------------------|
| Employer | <input type="text"/> | Employment Dates | |
| Your Title | <input type="text"/> | From | <input type="text"/> |
| Employer Address | <input type="text"/> | To | <input type="text"/> |
| Supervisor Name | <input type="text"/> | Employment Status | |
| Supervisor Title | <input type="text"/> | Full Time | <input type="checkbox"/> |
| Supervisor Phone | <input type="text"/> | Part Time | <input type="checkbox"/> |
| May we contact | Yes <input type="checkbox"/> No <input type="checkbox"/> | Volunteer | <input type="checkbox"/> |
| Your Specific Job Duties: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Reason for Leaving: | <input type="text"/> | | |
| | <input type="text"/> | | |

| | | | |
|---------------------------|--|-------------------|--------------------------|
| Employer | <input type="text"/> | Employment Dates | |
| Your Title | <input type="text"/> | From | <input type="text"/> |
| Employer Address | <input type="text"/> | To | <input type="text"/> |
| Supervisor Name | <input type="text"/> | Employment Status | |
| Supervisor Title | <input type="text"/> | Full Time | <input type="checkbox"/> |
| Supervisor Phone | <input type="text"/> | Part Time | <input type="checkbox"/> |
| May we contact | Yes <input type="checkbox"/> No <input type="checkbox"/> | Volunteer | <input type="checkbox"/> |
| Your Specific Job Duties: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Reason for Leaving: | <input type="text"/> | | |
| | <input type="text"/> | | |

| | | | |
|---------------------------|--|-------------------|--------------------------|
| Employer | <input type="text"/> | Employment Dates | |
| Your Title | <input type="text"/> | From | <input type="text"/> |
| Employer Address | <input type="text"/> | To | <input type="text"/> |
| Supervisor Name | <input type="text"/> | Employment Status | |
| Supervisor Title | <input type="text"/> | Full Time | <input type="checkbox"/> |
| Supervisor Phone | <input type="text"/> | Part Time | <input type="checkbox"/> |
| May we contact | Yes <input type="checkbox"/> No <input type="checkbox"/> | Volunteer | <input type="checkbox"/> |
| Your Specific Job Duties: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Reason for Leaving: | <input type="text"/> | | |
| | <input type="text"/> | | |

| | | |
|---------------------------|--|------------------------------------|
| Employer | <input type="text"/> | Employment Dates |
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| Employer Address | <input type="text"/> | To <input type="text"/> |
| Supervisor Name | <input type="text"/> | Employment Status |
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| Supervisor Phone | <input type="text"/> | Part Time <input type="checkbox"/> |
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| Your Specific Job Duties: | <input type="text"/> | |
| <input type="text"/> | | |
| Reason for Leaving: | <input type="text"/> | |
| <input type="text"/> | | |

| References | | | |
|------------|----------------------|----------------------------------|---------------------------------|
| Name | <input type="text"/> | Years known <input type="text"/> | Occupation <input type="text"/> |
| Email | <input type="text"/> | | Phone <input type="text"/> |
| Name | <input type="text"/> | Years known <input type="text"/> | Occupation <input type="text"/> |
| Email | <input type="text"/> | | Phone <input type="text"/> |
| Name | <input type="text"/> | Years known <input type="text"/> | Occupation <input type="text"/> |
| Email | <input type="text"/> | | Phone <input type="text"/> |
| Name | <input type="text"/> | Years known <input type="text"/> | Occupation <input type="text"/> |
| Email | <input type="text"/> | | Phone <input type="text"/> |

Are you able to perform the primary duties of the job as outlined in the job description, with or without reasonable accommodation?

Additional Information

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

The Woodburn Fire District is an equal opportunity employer and does not discriminate on the basis of sex, race or color, religion, marital status, national origin, handicap or veteran status.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that if accepted for employment, any misrepresentation or material omission which becomes known to Woodburn Fire District will result in immediate termination of my employment or volunteer status.

I authorize all previous employers and supervisors, including all persons with whom I have worked, to give Woodburn Fire District representatives any and all information regarding me and my previous employment. I release Woodburn Fire District and all previous employers and supervisors from liability for any damages that may result from furnishing information to the Woodburn Fire District.

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with the Woodburn Fire District.

Signature

Date