|  |
| --- |
| South Sherman Fire & Rescue |



|  |
| --- |
| 109 SW 2nd ST. P.O. Box 116Grass Valley, Oregon 97029Phone: (541) 333-2525Fax: (541) 333.2276admin@southshermanfire.com |

|  |
| --- |
| Application |

|  |  |
| --- | --- |
| Firefighter: [ ]  Medic: [ ]   | Part Time: [ ]  Volunteer:[ ]  Both:[ ]  |

Position applying for

|  |
| --- |
| Click here to enter a date. |

Date of Application

**Name**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Last First Middle

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Street City State Zip

**Telephone E-Mail Address**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Click here to enter a date. |

**Date of Birth**

**Drivers License Number State Class**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Traffic Convictions past Five Years**

**Date Nature of Citation Outcome**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**List more on separate sheet if necessary.**

**Vehicle Crashes Past Five Years**

**Date Nature of Crash Injury**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**List more on separate sheet if necessary.**

Have you ever been denied a Driver’s License in ANY State? Explain

|  |
| --- |
| Click here to enter text. |

Has your Driver’s License EVER been Suspended or Revoked in ANY State? Explain

|  |
| --- |
| Click here to enter text. |

Have you EVER been convicted of a crime including a Traffic Crime? Explain

|  |
| --- |
| Click here to enter text. |

Do you have any prior Fire or Medical Training, including Certificates? Please list.

|  |
| --- |
| Click here to enter text. |

Do you have any experience in the operation of ANY Heavy Equipment? Please list.

|  |
| --- |
| Click here to enter text. |

Do you have any experience with computers? Please list programs.

|  |
| --- |
| Click here to enter text. |

Please list any other information you would like the District to consider.

|  |
| --- |
| Click here to enter text. |

List any medical conditions you have that may affect your ability to perform required duties?

|  |
| --- |
| Click here to enter text. |

**Employment Record and History for the past Five Years**

Beginning with present or most recent job, list your work experience for the past five years.

Add additional sheets if necessary.

|  |  |  |
| --- | --- | --- |
| Company Name and Address

|  |
| --- |
| Click here to enter text. |

  | Supervisor’s Name Click here to enter text. |
| Reason for leaving: Click here to enter text. |
| Start *(mm/yyyy)*Click here to enter a date. | End *(mm/yyyy)*Click here to enter a date. |
| Position Held:Click here to enter text.  |

|  |  |  |
| --- | --- | --- |
| Company Name and Address

|  |
| --- |
| Click here to enter text. |

  | Supervisor’s Name Click here to enter text. |
| Reason for leaving: Click here to enter text. |
| Start *(mm/yyyy)*Click here to enter a date. | End *(mm/yyyy)*Click here to enter a date. |
| Position Held: Click here to enter text.  |

|  |  |  |
| --- | --- | --- |
| Company Name and Address

|  |
| --- |
| Click here to enter text. |

  | Supervisor’s Name Click here to enter text. |
| Reason for leaving: Click here to enter text. |
| Start *(mm/yyyy)*Click here to enter a date. | End *(mm/yyyy)*Click here to enter a date. |
| Position Held: Click here to enter text.  |

|  |  |  |
| --- | --- | --- |
| Company Name and Address

|  |
| --- |
| Click here to enter text. |

  | Supervisor’s Name Click here to enter text. |
| Reason for leaving: Click here to enter text. |
| Start *(mm/yyyy)*Click here to enter a date. | End *(mm/yyyy)*Click here to enter a date. |
| Position Held: Click here to enter text.  |

**References**

Please list below Five References who are not related to you, and you have not worked for

|  |  |  |
| --- | --- | --- |
| LastClick here to enter text. | FirstClick here to enter text. | MiddleClick here to enter text. |
| StreetClick here to enter text. | CityClick here to enter text. | StateClick here to enter text. | ZipClick here to enter text. |
| RelationshipClick here to enter text. | Years KnownClick here to enter text. | Phone NumberClick here to enter text. |

|  |  |  |
| --- | --- | --- |
| LastClick here to enter text. | FirstClick here to enter text. | MiddleClick here to enter text. |
| StreetClick here to enter text. | CityClick here to enter text. | StateClick here to enter text. | ZipClick here to enter text. |
| RelationshipClick here to enter text. | Years KnownClick here to enter text. | Phone NumberClick here to enter text. |

|  |  |  |
| --- | --- | --- |
| LastClick here to enter text. | FirstClick here to enter text. | MiddleClick here to enter text. |
| StreetClick here to enter text. | CityClick here to enter text. | StateClick here to enter text. | ZipClick here to enter text. |
| RelationshipClick here to enter text. | Years KnownClick here to enter text. | Phone NumberClick here to enter text. |

|  |  |  |
| --- | --- | --- |
| LastClick here to enter text. | FirstClick here to enter text. | MiddleClick here to enter text. |
| StreetClick here to enter text. | CityClick here to enter text. | StateClick here to enter text. | ZipClick here to enter text. |
| RelationshipClick here to enter text. | Years KnownClick here to enter text. | Phone NumberClick here to enter text. |

|  |  |  |
| --- | --- | --- |
| LastClick here to enter text. | FirstClick here to enter text. | MiddleClick here to enter text. |
| StreetClick here to enter text. | CityClick here to enter text. | StateClick here to enter text. | ZipClick here to enter text. |
| RelationshipClick here to enter text. | Years KnownClick here to enter text. | Phone NumberClick here to enter text. |

**Please attach with this application**

* Current DMV Printout
* Copy of Drivers’ License
* Copy of Certifications
* Any supplemental pages necessary to further explain

I certify that all statements in this application are true. I understand that misrepresentation or omission of facts is cause for dismissal. Further, it is understood and agreed upon that my involvement with the South Sherman Rural Fire Protection District as a volunteer/part-time employee is for no definite period of time and may be terminated at any time, with or without cause. I hereby grant South Sherman Rural Fire Protection District or any AGENT acting on behalf of the South Sherman Rural Fire Protection District permission for a complete background investigation of applicant, including, but not limited to Driving Record, Criminal Record, Character References and past employment. South Sherman Rural Fire Protection District is a Drug and Alcohol free workplace. A pre-employment/volunteer drug test may be given. All employees, volunteers, agents of the South Sherman Rural Fire Protection District may be subject to random drug and/or alcohol testing with, or without, prior notice or reason. Refusal to take a requested drug and/or alcohol test can result in termination from the South Sherman Rural Fire Protection District.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronic Signature**

 Last 4 Digits of

Last, First Middle Social Security Number Date

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

**Applications can be mailed, faxed, e-mailed, or handed in.**

---------------For Department Use Only---------------

Start Date: \_\_\_/\_\_\_\_/20\_\_\_

Applicant Affiliation (mark all that apply) Full Time \_\_\_\_\_\_Part Time \_\_\_\_\_Volunteer \_\_\_\_\_

Background Investigation Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_