**HOODLAND FIRE DISTRICT #74**

**EMPLOYMENT APPLICATION FOR FIREFIGHTER EMT**

**INSTRUCTIONS**

* Please print legibly or type your answers
* Answer each question fully and accurately
* If you need additional space, continue your answers(s) on a separate sheet of paper
* No action can be taken on this application if incomplete and unanswered
* If the application packet is not complete, you will not be considered in the testing process
* Do not sign the application digitally
* Application packet will not be accepted electronically

**APPLICATIONS SUBMITTAL**

Candidates must include the following items in their application packet:

* Cover Letter
* Resume
* Employment Application
* Attach Copy of State of Oregon EMT Basic License or National Registry EMT Basic certification (higher license/certification accepted). The candidate must be a licensed Oregon Paramedic or EMT Advanced or have reciprocity to work in Oregon by the date of hire. \*The District reserves the right to award preference in hiring to Oregon licensed Paramedics per the District’s needs.\*
* Attach Copy of NFPA Firefighter 1 **current** and **active**
* Attach Copy of NFPA Operations Level Responder **current** and **active**
* Attach Copy of NFPA Apparatus Equipped with Fire Pump **current** and **active**
* Any additional documentation, certifications, licenses, etc.

All required documentation must be received on or before August 1, 2024 at 5:00 pm. Applications will be received Monday through Friday 8:00 am to 5:00 pm. Deliver or send applications to the address below:

**Hoodland Fire District #74**

**Attn. Firefighter EMT Testing Process**

**69634 E. Hwy 26**

**Welches, OR 97067**

**EQUAL EMPLOYMENT OPPORTUNITY:** Hoodland Fire District #74 (HFD) is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service or any state of Oregon protected classifications. HFD does not discriminate against any candidate or employee in hiring or in the terms, conditions, and privileges of employment based upon genetic information, pregnancy, childbirth, sexual orientation and gender identity, or related medical conditions. HFD will make reasonable accommodations for qualified employees with physical or mental disabilities and for employee’s religious beliefs that conflict with a workplace rule or function. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

**HOODLAND FIRE DISTRICT #74**

**EMPLOYMENT APPLICATION FOR FIREFIGHTER EMT**

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** | **Last**        | **First**       | **M.I.**       |
| **ADDRESS:** | **Street**       | **Apt#**       | **City**       | **State**       | **Zip**       |
| **Home #:**       | **Work #:**        | **Cell or Alternate #:**       |
| **Email Address:**       |

**EMPLOYMENT ELIGIBILITY**

|  |  |
| --- | --- |
| **Are You Over the Age Of 18?** [ ]  **Yes** [ ]  **No** | **Do you have a valid Driver’s License?** [ ]  **Yes** [ ]  **No** |
| **Do you have a high school diploma or equivalent?** [ ]  **Yes** [ ]  **No** |
| **Are you legally eligible for employment in the United States?** [ ]  **Yes** [ ]  **No** |
| **Successful candidates will be required to prove identity and eligibility for employment by providing the required documentation to complete an I-9 Form.** |

**RELATIVES AND FRIENDS**

|  |
| --- |
| Some positions may not be held by certain individuals to avoid the possibility of conflicts of interest. Qualified relatives and/or friends are eligible for employment except in unusual situations (for example: where they would be placed in a supervisor-subordinate relationship). The Fire District does not discriminate against candidates or employees, unless required to do so by the reasonable demands of the position (a bona fide occupational qualification). It is the intention of the Fire District to comply with Oregon law which prohibits employers from discriminating against an individual solely because another member of that person’s family works or has worked for that employer. |
| **Do you have any relatives who currently work for us?** [ ]  **Yes** [ ]  **No** |
| **If yes, please state their name(s):**       |

**VETERAN PREFERENCE POINTS**

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| --- |
| **Are you a Veteran?** [ ]  **Yes** [ ]  **No** **Are you a Disabled Veteran?** [ ]  **Yes** [ ]  **No**  |
| **A Veteran that wants to claim preference points must submit military documentation with their application packet. A Disabled Veteran that wants to claim additional preference points must submit documentation of their military disability with their application.** |

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| **Are you a current Hoodland Fire Volunteer who has served a minimum of 3 years uninterrupted service as an active Volunteer Firefighter?** [ ]  **Yes** [ ]  **No**  |
| **Any interruption in service that exceeds 180 days constitutes as a break in service.** |

**VOLUNTEER PREFERENCE POINTS**

**EDUCATION**

|  |
| --- |
| **Please list below any education, training and/or specialized experience such as schools, colleges, degrees, licenses, vocational, technical, or military experience, etc. that you feel would help you perform the work for which you are applying.** |
| **DEGREES, LICENSES, RELEVANT EDUCATION, OR TRAINING** | **WHERE DID YOU ACQUIRE IT (NAME & ADDRESS) OF SCHOOL, PROGRAM, MILITARY BRANCH AND SPECIALTY, ETC.)** |
|       |       |
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**FIRE SERVICE EXPERIENCE**

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| --- |
| **Do you have three (3) years of documented structural firefighting experience (career, volunteer, military)?** [ ]  **Yes** [ ]  **No** |
| **Please provide details of your structural firefighting experience (attached additional sheet(s) if more space is needed):**       |

**REFERENCES**

|  |
| --- |
| **Provide three (3) references (not relatives or former employers):** |
|  | **NAME** | **ADDRESS** | **PHONE** | **OCCUPATION** |
| **1.** |       |            |       |       |
| **2.** |       |            |       |       |
| **3.** |       |            |       |       |

**EMPLOYMENT HISTORY**

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| **List names of employers in chronological order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and business references. If you worked in any of the positions under another name, please provide name(s). Please give month and year and attach additional sheet(s) if more space is needed.** |
| **1.** | **Employer:**       |
|  | **Address:**       | **Phone:**       |
|  | **Supervisor:**       | May we contact this employer? [ ]  **Yes**  [ ]  **No**  |
|  | **Job Title:**       | **From:**       | **To:**       |
|  | **Description of duties:**       |
|  |  |
|  | **Reasons for leaving:**       |

|  |  |
| --- | --- |
| **2.** | **Employer:**       |
|  | **Address:**       | **Phone:**       |
|  | **Supervisor:**       | May we contact this employer? [ ]  **Yes**  [ ]  **No**  |
|  | **Job Title:**       | **From:**       | **To:**       |
|  | **Description of duties:**       |
|  |  |
|  | **Reasons for leaving:**       |

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| --- | --- |
| **3.** | **Employer:**       |
|  | **Address:**       | **Phone:**       |
|  | **Supervisor:**       | May we contact this employer? [ ]  **Yes**  [ ]  **No**  |
|  | **Job Title:**       | **From:**       | **To:**       |
|  | **Description of duties:**       |
|  |  |
|  | **Reasons for leaving:**       |

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| **4.** | **Employer:**       |
|  | **Address:**       | **Phone:**       |
|  | **Supervisor:**       | May we contact this employer? [ ]  **Yes**  [ ]  **No**  |
|  | **Job Title:**       | **From:**       | **To:**       |
|  | **Description of duties:**       |
|  |  |
|  | **Reasons for leaving:**       |

**VERIFICATION AND SIGNATURE**

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| 1. **I authorize the investigation of all matters which Hoodland Fire District #74 deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release Hoodland Fire District #74 from all liability, which might result from making the investigation.**
2. **I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.**
3. **I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Hoodland Fire District #74’s expense. I authorize release of the results to Hoodland Fire District #74 for their use to evaluate my suitability for employment. I also release Hoodland Fire District #74 from all liability arising out of, or connected with, examinations and/or testing.**
4. **I have had an opportunity to have my questions about this statement’s content and intent answered and understand its terms.**
5. **I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.**

**[ ]  Yes** [ ]  **No***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Signature Date** |
| For Office Use only – Reviewer Signatures and certification that candidate meets minimum requirements  |
| Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes NoReviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No |