

CAREER APPLICATION

Thank you for considering Sheridan Fire District in your job search. Sheridan Fire District 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, uniformed services status or any other classification protected by law. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL



Complete all questions, and sign your initials and name on the last page where indicated.

Personal Information

Last Name	First Name	Middle Initial
Street Address	City and State	Zip Code
Home Phone	Work Phone	Date You Can Begin
E-mail Address	Position Applied For	Salary Desired
		<input type="checkbox"/> Hourly or <input type="checkbox"/> Annually

Level and Type of Education	School Name	City and State	Last Year Completed	Did You Graduate?
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University			<input type="checkbox"/> < 1 Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree
Additional Schooling			Number of Years:	Certificate or License

CHECK WHICH IS APPLICABLE: ___ Single Role Paramedic ___ Firefighter/Paramedic

Certifications
Fire and EMS Certifications:

Other Skills:



Employment Record

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
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Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
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General Information

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed or attended school using any other name? If yes, please indicate names previously used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, job line, job description, with or without reasonable accommodation? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 carefully, initial each paragraph and sign below

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I authorize Sheridan Fire District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the organization any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Sheridan Fire District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I authorize Sheridan Fire District to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Sheridan Fire District has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

If hired or if offered volunteer membership, I recognize the rules and policies of Sheridan Fire District. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Sheridan Fire District or myself. I understand that the position applied for of the organization is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the organization may change, withdraw, and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

If hired or if offered volunteer membership, I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I would then need to authorize the release of the results of such an examination to Sheridan Fire District for their use in evaluating my suitability for employment. Further, I would also need to release the examining facility and Sheridan Fire District from any and all liability, and from any damage that may result from the release of such information.

Signature

Print Name

Date



Important Information to Know Before Filling Out An Application for Employment with Sheridan Fire District

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume.”
2. If you are offered a position with Sheridan Fire District be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Sheridan Fire District representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement:

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Applicant Signature

Date

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.



Sheridan Fire District

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. **If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4).** This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-related disability
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____

Date: _____

Position Applied For: _____

