



Mist-Birkenfeld Rural Fire Protection District

12525 Highway 202, Mist, OR 97016

(503)755-2710 Fax (503)755-2556

www.mistbirkenfeldrfd.org

EMPLOYMENT APPLICATION

Please fill out all sections of this form completely. Failure to do so (include using "see resume") could result in rejection during the selection process. This application and all attachments become the property of Mist-Birkenfeld Rural Fire Protection District and will not be returned to the applicant.

Position Applying for: _____

APPLICANT INFORMATION

Name: _____
Last First Middle

Telephone: _____

Address: _____

Cell Phone: _____

Work: _____

City State Zip

May we contact you at work? Yes No

Mailing Address: _____

Best time to call:
At Work: _____

At Home: _____

City State Zip

E-Mail Address: _____

Driver's Licence Number: _____

State Issued: _____

Are you over 18 years of age? Yes No

PREVIOUS EMPLOYMENT/RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of the Mist-Birkenfeld RFPD at this time? Yes No

If yes, in what capacity? _____

Have you previously been employed or volunteered with the District? Yes No

If yes, please specify title and employment dates: _____
Title Dates

Names of any District employee you are related to or with whome you live: _____
Relationship: _____

Mist-Birkenfeld RFPD is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientatin, age, marital status, national origin or mental or physical disability unless based on bonafide occupational qualification.

EDUCATION / TRAINING

Name and location of high school: _____ Graduated? Yes No

If not a high school graduate, do you have a certificate of equivalency (GED)? Yes No

If yes, date received: _____

List all schools attended beyond high school:

Name and location of school	Course of study	Dates Attended	Credits completed (List quarter or semester)	Type of degree earned

EMT # _____ Issuing State: _____ Expiration Date: _____

DPSST # _____ Issuing State: _____ Expiration Date: _____

List below any license/certifications (not shown above) you have that may be pertinent to this position. Include the title and number of the license or certificates, the issuing agency and the expiration date:

Do you speak a language other than English fluently? Yes No If yes, which language? _____

VERIFICATION

Are you able to legally work within the United States of America? Yes No

Verification to work in the United States of America is a federal law.

EMPLOYMENT HISTORY

List all work experience, including military and volunteer, beginning with your current or most recent position. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Account for any periods of unemployment or self-employment. If the space provided is not adequate, please attach additional sheets.

Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's name and telephone	
Duties (be specific)		To: _____ (Month/Year)
		Total Time: _____ (Years/Months)
		Full Time Part Time
		HRS/Week _____ (If varied, indicate average)
May we contact your current employer? Yes No Reason for leaving?		Paid Unpaid

Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's name and telephone	
Duties (be specific)		To: _____ (Month/Year)
		Total Time: _____ (Years/Months)
		Full Time Part Time
		HRS/Week _____ (If varied, indicate average)
Reason for leaving:		Paid Unpaid

Employer	Address	From: _____ (Month/Year) To: _____ (Month/Year) Total Time: _____ (Years/Months) Full Time Part Time HRS/Week _____ (If varied, indicate average) Paid Unpaid
Your Title	Supervisor's name and telephone	
Duties (be specific)		
Reason for leaving:		

Employer	Address	From: _____ (Month/Year) To: _____ (Month/Year) Total Time: _____ (Years/Months) Full Time Part Time HRS/Week _____ (If varied, indicate average) Paid Unpaid
Your Title	Supervisor's name and telephone	
Duties (be specific)		
Reason for leaving:		

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

If, due to a disability, you require special accommodation to participate in the selection process please notify the business office at (503)755-2710.

CERTIFICATION, AUTHORIZATION, AND RELEASE

By my signature below, I certify that all information I provided as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for District employment/participation or in the termination of my District employment/participation. If you advance in the application process, the District completes a comprehensive pre-employment background evaluation which may include, depending on position applying for: criminal, driving, medical/physical, drug screen, thorough personal and professional reference check, and physiological screening.

Signature: _____

Date: _____

Mail or deliver completed application, supplemental questionnaire and all required documents to:

**Mist-Birkenfeld Rural Fire Protection District
Joe Kaczinski, Fire Chief
12525 Highway 202
Mist, OR 97016**

Faxed applications will not be accepted.

Veterans' Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, **please read this document carefully**. Check the box for each item that applies to you.

This completed form and the required documentation must be submitted at the time you submit your employment application. Please indicate in your application cover letter that you are requesting veterans' preference and submit this completed form along with proof of eligibility via one of the following means: mail - Prothman Company, 371 NE Gilman Blvd., #350, Issaquah, WA 98027; fax - 425-270-3496; or email - info@prothman.com. Information submitted on or with this form will be used for the purpose of determining and awarding veterans' preference in accordance with ORS 408.230.

Part 1 Qualified Veteran You may claim veteran's preference if you are able to check at least one of the following seven boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate such. *"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.*

ORS 408.225(1)(e)

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; or

I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days after January 31, 1955 and was discharged or released under honorable conditions; or

I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or

I served on active duty with the Armed Forces of the United States for 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; or

I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or

I 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; or

I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Part 2 Qualified Disabled Veteran You may claim additional employment preference if you can check any of the following three boxes and provide proof of eligibility by submitting both (1) a copy of your DD-214 or 215 and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate such, **and** (2) a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status.

ORS 408.255(1)(c)

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 veteran's preference 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.

Print Name

Position Applied For

Signature

Date

*Preference will not be awarded without proper documentation. You must submit your DD-214 or 215 **and other listed documents** prior to the application deadline. Late or incomplete submittals will not be considered.*



Application Acknowledgement Form

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary material) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign and authorize releasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am offered employment, I will be required to pass a thorough background investigation including a criminal history check and a driver's record check as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.

Please initial: _____

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the District as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement, civil service rules, or written agreement signed by the Fire Chief, that I may be suspended without pay, demoted, or discharged only for just cause. I further understand that my employment with the District can be terminable at-will for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.

Please initial: _____

I have read, understand and agree with all of the above statements.

Signature of Applicant

Date

NOTE: This application is only valid for the job position and job opening applied for. To be considered for other job positions or job openings, you must submit a new application.