



Charleston Fire District

92342 Cape Arago Hwy., Coos Bay, OR 97420-8745

Phone: (541) 888-3268 Fax: (541) 435-7075 Email: charchief8201@gmail.com
www.charlestonfire.net

APPLICATION

Date: _____

The District makes decisions regarding employment applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to the job performance.

Please fill out carefully using a typewriter or ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

POSITION APPLIED FOR: Firefighter/ Engineer

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
Number and Street

City State Zip Code

TELEPHONE: _____

Residence Business Message

Are you over 18 years of age? _____ YES _____ NO

Did you graduate from high school or obtain a G.E.D.? _____ YES _____ NO If yes, name and location of high school or place where G.E.D. obtained.

Please describe any other education, training, qualifications, or skills that you think are relevant to the position for which you are applying.

Do you have a valid driver's license? _____ YES _____ NO if yes, please give number and state _____

EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past ten years if you have worked that long. 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. You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable. If you need additional space, attach additional sheets.

CURRENT EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo. Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

PREVIOUS EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo. Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

PREVIOUS EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo. Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

PREVIOUS EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo. Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

REFERENCES

List three persons other than relatives who have known you for longer than one year.

Name	Address	Phone #	Occupation
------	---------	---------	------------

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment.

In consideration of acceptance as an employee, I agree to become thoroughly familiar with the ordinances, rules, policies and by-laws of the District, and to comply with such rules and regulations.

I certify that I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: _____ Date: _____

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may result in my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

_____ Initials

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (any accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

If the District makes an offer of employment to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination. I consent to the release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

_____ Initials

Date: _____

Signed: _____