## Mohawk Valley Rural Fire District Application

The district makes decisions regarding employment and volunteer 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 job performance.

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

| <ul><li>☐ Volunteer Firefighter</li><li>☐ Resident Volunteer</li><li>☐ Summer Help</li></ul> | POSITION APPLIED FOR  ☐ Junior Firefighter Program ☐ Internship Program ☐ Fire Captain | ☐ Lieutenant<br>☐ Acting in Capacity<br>☐ Company Officer |  |
|--|--|---|--|
| NAMEFirst  |  |   |  |
|  |  | Last  |  |
| ADDRESS  | Number & Street  |   |  |
|  |  |   |  |
| City   | State  | Zip Code  |  |
| TELEPHONE<br>Home  | Cell   | Message   |  |
|  |  | J   |  |
| SOCIAL SECURITY #  |  |   |  |
| Are you over 18 years of age?  | YESNO  |   |  |
| Did you graduate from high school or obtain a G.E.D.? YES NO                                 |  |   |  |
| If yes, name and location of high s  | school or place where G.E.D. wa  | as obtained.  |  |
|  |  |   |  |
| Do you have a valid Oregon Drive   | er's License? YES  | NO  |  |
| License Number   | Class  | Expiration Date   |  |
| Driving Record (Past 5 years)  | Accidents YES  | NO  |  |
|  | Tickets YES  | NO  |  |
| Have you ever been arrested?   | YES NO   |   |  |
| Explain any questions for which you answered YES.  |  |   |  |
| Explain any questions for which yo   | ou answered TEO.   |   |  |
|  |  |   |  |
| Do you authorize MVRFD to perfo  | orm a background investigation?  | YESNO   |  |
| Date of Birth  | No   | tary  |  |
|  |  |   |  |
|  |  |   |  |

| Please describe any other training, qualifications, or skills that you think are relevant to the position for which you are applying.  |   |  |  |
|--|---|--|--|
| EMPLOYMENT HISTORY   |   |  |  |
| Please list below your work experiences, paid or ur job. Cover the past five (5) years of work experien your specific tasks and supervisory, technical or ot experience relating to the ob for which you are app application form. Attaching a resume in lieu of a ful need additional space, attach additional pages. | ces. Describe each job separately, emphasizing ther responsibilities. Give special attention to olying. You must complete this section of the |  |  |
| Current /Most recent Employer  |   |  |  |
| Address  |   |  |  |
| From/ To/  |   |  |  |
| Job Title  | <u> </u>  |  |  |
| Supervisor's Name  | Supervisor's Phone #  |  |  |
| Duties   |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Employer   |   |  |  |
| Address  |   |  |  |
| From/ To/  |   |  |  |
| Job Title  | <u> </u>  |  |  |
| Supervisor's Name  | Supervisor's Phone #  |  |  |
| Duties   |   |  |  |
|  |   |  |  |
|  |   |  |  |

| Employer  |   |  |  |
|---|---|--|--|
| Address   |   |  |  |
| From/ To/_  |   |  |  |
| Job Title   |   |  |  |
| Supervisor's Name   | Supervisor's Phone #                        |  |  |
| Duties  |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
| REFERENCES  |   |  |  |
| List three (3) persons other than relatives wh  | ho have known you for longer than one year. |  |  |
| NAME PHOI   | OCCUPATION                                  |  |  |
|   |   |  |  |
|   |   |  |  |
| Do you have any mental or physical condition which would substantially hinder or prevent the performance of the essential duties of this position? If yes, please explain in detail and indicate what accommodations, if any, would permit you to perform the duties in question. |   |  |  |
|   |   |  |  |
| I certify that the information given herein is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application as may be necessary.  |   |  |  |
| Signature of Application  | Date  |  |  |
| OFFICIAL USE ONLY   |   |  |  |
| Application received  | Application reviewed                        |  |  |
| Received by   | Application reviewed by                     |  |  |