

Do you have a valid driver's license? _____ YES _____ NO **You must provide a certified Court Print from Oregon DMV of driving record. (cost is \$3.)**

As per condition of employment you will be required to hold licenses and certifications with the Oregon State EMS Office and Department of Public Safety Standards and Training. Both agencies often perform finger print based background checks. Is there any reason you would not be successful in obtaining and maintaining licensure / certification with these agencies? Yes _____ No _____

Training and Certifications

List below how you meet the minimum qualifications outlined in the job description. Include the certifying agency and date certification was received. **Attach copies of required certifications to application packet.**

Qualification	Certifying Agency/ School	Date
TRAINING COORDINATOR		
NFPA Firefighter I		
NFPA Instructor I		
DPSST HazMat Operations Level		
DPSST Wildland Interface Firefighter		
EMT Lic.		
NFPA Driver		
ICS 100, 200, 700, 701, 702, 703, & 800		

Employment History

List below your work experiences, paid or unpaid, beginning with your present or most recent job. Cover the past 6 years of work experiences. 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 pages.

Current Employer: _____
Address: _____
From: ____/____ To: ____/____
Job Title: _____
Supervisor Name: _____ Phone #: _____
Duties: _____

Specific Reason For Leaving: _____

Employer: _____

Address: _____

From: ____/____ To: ____/____

Job Title: _____

Supervisor Name: _____ Phone #: _____

Duties: _____

Specific Reason For Leaving: _____

Employer: _____

Address: _____

From: ____/____ To: ____/____

Job Title: _____

Supervisor Name: _____ Phone #: _____

Duties: _____

Specific Reason For Leaving: _____

Employer: _____

Address: _____

From: ____/____ To: ____/____

Job Title: _____

Supervisor Name: _____ Phone #: _____

Duties: _____

Specific Reason For Leaving: _____

Employer: _____

Address: _____

From: ____/____ To: ____/____

Job Title: _____

Supervisor Name: _____ Phone #: _____

Duties: _____

Specific Reason For Leaving: _____

References

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

Name	Phone Number	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 statements and information in this application are correct and complete to the best of my knowledge. I understand that false or misleading information provided by me in the application process with Mohawk Valley Rural Fire District may result in denial or termination of employment.

I authorize the investigation of all statements contained in this application as may be necessary. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment.

Signature of Applicant

Date