

**Mohawk Valley Rural Fire District  
Personnel 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.

<p><b>POSITION APPLIED FOR:</b></p> <p><b>Firefighter / EMT</b></p>
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NAME: \_\_\_\_\_  
                    First Name                      Middle Name                      Last Name

ADDRESS: \_\_\_\_\_  
  Number and Street

\_\_\_\_\_

                    City                      State                      Zip Code

TELEPHONE: \_\_\_\_\_  
                                Residence                      Business                      Cell

Email Address: \_\_\_\_\_

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 GED obtained. \_\_\_\_\_  
\_\_\_\_\_

Name and location of college attended, and dates.  
\_\_\_\_\_

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.)**

Have you ever been convicted of a crime or are you presently under indictment or awaiting trial on a crime? \_\_\_\_\_ (YES/NO) If yes, when, where, and a brief explanation.

Are you a veteran or current member of the Mohawk Valley RFD? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please attach a copy of DD214 or proof of current Volunteer status.

### 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. Add additional if you have any.**

Qualification	Certifying Agency/ School	Date
<b>Firefighter / EMT</b>		
NFPA Firefighter I		
EMT		
DPSST HazMat Operations Level		
DPSST Wildland Interface Firefighter		
ICS 100, 200, 700 & 800		

Please list below all Fire/ EMS agencies where experience was gained

Agency	City/State	Dates Participated (From/To)

### 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