



**Sweet Home Fire District**

**Wildland Division**

Position Applying For:

- Crew Boss Superintendent     Crew Foreman    Squad Boss  
 Wildland FF/Paramedic     Senior Crew Member  
 Seasonal Crew Member     Entry Level Seasonal Crew Member

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Do you have the legal right to work in the United States?    Yes  
(if hired, you will be required to provide identification to prove eligibility for employment)

Current Residence Address: \_\_\_\_\_

Current Mailing Address: (If Different) \_\_\_\_\_

Current Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Has Your Drivers License Ever Been Cancelled, Suspended Or Revoked In Any Other State?

Yes     No    If "Yes" Please Attach Explanation

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?

Yes     No    If Yes Please explain (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)

Military Veteran:  Yes     No    Disabled Veteran  Yes     No

If yes you must submit DD214 or 215 or letter from the U.S. department of veteran's affairs (VA) indicating service-connected disability rating in order to receive veterans and/or disability points.

Please Note the Name Location and Schedule of Current Employer (Does not apply to full time applications)

Current Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_

Schedule: \_\_\_\_\_

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				

Please submit copies of any certification and/or licenses to be eligible for certification preference points

Current and/or previous certifications or trainings.

- |   |  |
|---|--|
| <input type="checkbox"/> S-130              | <input type="checkbox"/> ICS 100   |
| <input type="checkbox"/> S-190              | <input type="checkbox"/> ICS 200   |
| <input type="checkbox"/> L-180              | <input type="checkbox"/> ICS 300   |
| <input type="checkbox"/> Firefighter Type 2 | <input type="checkbox"/> S-330   |
| <input type="checkbox"/> S-131              | <input type="checkbox"/> S-339   |
| <input type="checkbox"/> Firefighter Type 1 | <input type="checkbox"/> S-390   |
| <input type="checkbox"/> S-230              | <input type="checkbox"/> EMT <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-I |
| <input type="checkbox"/> S-290              | <input type="checkbox"/> Paramedic   |
| <input type="checkbox"/> Crew Boss          |  |
| <input type="checkbox"/> Engine Boss        |  |
| <input type="checkbox"/> IC Type 4          |  |
| <input type="checkbox"/> NFPA Driver        |  |

**Character References**

**Name**

**Phone Number**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby certify and affirm that all statements made in this application or appended to it are true and correct, to the best of my knowledge. Additionally, I have made no willful omissions or minimized any of the facts and circumstances as to my personal history. I am aware that withholding pertinent information or information found to be materially or grossly inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination, if I am employed. I understand this is not to be considered as an indication of probable obligation upon the District to make an appointment, but is only a part of the selection process

I fully recognize that under Oregon Law, individuals must clearly demonstrate their personal and moral fitness to serve in a position with the Sweet Home Fire and Ambulance District, and the burden of proof of my fitness under Oregon Law falls upon me. I further recognize that SHFAD has both a legal and moral obligation to take every reasonable effort to ensure that any person employed by them will conform to the very highest standards. I understand that I am authorizing an intensive investigation into all aspects of my personal and moral fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my suitability. I also understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning my suitability unless the confidentiality of their information can be guaranteed on a permanent basis. In the event my background investigation for this position should uncover information that I have, or am suspected of having engaged in illegal activities, this information will likely bar me from further consideration for this position. Further, this information may be transmitted to my employer and/or the appropriate authority for their independent investigation. I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy. Therefore, I exonerate, release and discharge the Sweet Home Fire and Ambulance District, its investigators, agents or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration. I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_