

Mail Applications To:
3HDFK 6W
0HUOLQ 25
Or Deliver To:
3HDFK 6W
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E-Mail:
#FRXCGFRP

&RXQW\)LUH 'HSW APPLICATION

POSITION APPLYING FOR _____

NAME _____

Phone: 541-

PLEASE TYPE OR PRINT CLEARLY

ADDRESS _____
Mailing Address City & State Zip

TELEPHONE _____
Home Cell/Msg Email

Do you possess a valid driver's license? Yes No

Can you demonstrate that you are a U.S. Citizen or that you are legally authorized to work in the United States? Yes No

Are you a Veteran of the US Armed Forces? Yes No Can you demonstrate that you qualify for Veterans' Preference Yes No
To be considered for the Veterans Preference Applicants must submit a copy of their Discharge Certificate and DD214 or DD215 Form

Are you 18 years of age or over? Yes No

Have you previously been employed by D)LUH 'HSD Yes No When _____ : KHUH _____

EDUCATION

Do you have a High School Diploma or a General Equivalency Certificate (GED)? Yes No

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED – List Number of Hours – **Do not include dates**

Name and Location	Fields of Study or Titles of Special Courses	Hours Completed		Certificates or Degrees Received
		Sem.	Qtr.	

SKILLS AND ABILITIES

List any special training, certificates, machines skills, office equipment skills, languages, or other special job related skills **including computer equipment and programs you can operate and typing/word process speed you may have that are pertinent to the position for which you are applying:**

List Professional & Vocational Trade Licenses and/or Registrations, Certifications and Credentials:

POSITION APPLYING FOR _____

NAME _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, completely describe your work experience during the past ten years. In addition, list any other prior experience related to the duties of the position for which you are applying, including all non-paid or volunteer work. You may attach a resume, but you may not substitute a resume (or state "see resume") for completion of this section. **Application submitted without completing this entire section will disqualify you from consideration. If additional space is required, please attach necessary pages to application form.**

Name of Firm	Address	From-To
Job Title	Supervisor Name/Title	Phone

Full-Time Part-Time May we contact this employer for reference? Yes No

Specific Duties _____ _____ _____ _____
Reason for Leaving: _____

Name of Firm	Address	From-To
Job Title	Supervisor Name/Title	Phone

Full-Time Part-Time May we contact this employer for reference? Yes No

Specific Duties _____ _____ _____ _____
Reason for Leaving: _____

Name of Firm	Address	From-To
Job Title	Supervisor Name/Title	Phone

Full-Time Part-Time May we contact this employer for reference? Yes No

Specific Duties _____ _____ _____ _____
Reason for Leaving: _____

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications. I understand that if selected I may be required to undergo a physical examination, drug screening, or background investigation. I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Employer without notice, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.

Signature of Applicant _____ Date: _____

POSITION APPLYING FOR _____

NAME _____

Instructions for Completing this Application:

- Please read the application carefully and answer all questions. Incomplete applications will not be accepted.
- All information given should be job related and not related to any protected class, status, race/ethnicity, age, marital status, life style, and or disability. Any such information must be removed prior to sending your application to the hiring department.
- You may submit this application by email to 5400@countyfd.com, by mail, or in-person.
- This page of your application is kept confidential and will be detached prior to referring to the hiring department.

Answering the following questions is optional. COFD is required by the Equal Employment Opportunity Commission to record and report affirmative action statistics in accordance with federal laws and regulations. Race/ethnicity information is collected and reported in seven EEO-4 categories.

SEX: Female Male

RACE/ETHNICITY: Asian Black or African American White Hispanic or Latino Two or More Races
 American Indian or Alaska Native Native Hawaiian or Pacific Islander

I do do not require reasonable accommodations for a qualified disability in the hiring process. If yes, specify requested accommodation, but do not specify disability:

REFERRAL SOURCE (S) How did you learn about this position:

<input type="checkbox"/> Firefighter (Name):	<input type="checkbox"/> Advertisement (where)
<input type="checkbox"/> Google	<input type="checkbox"/> State Employment Office
<input type="checkbox"/> Internet (what site)	<input type="checkbox"/> College or Community College Office
	<input type="checkbox"/> Other

*COFD is Committed to Excellence
In Customer Service Through its Employees.*

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH ADA.
A Community That Honors Diversity