WILLIAMS FIRE RESCUE

211 East Fork Rd. PO Box 81 Williams, OR 97544 (541) 846-7644 Fax (541) 846-7946 www.williamsfirerescue.com

APPLICANT INFORMATION					
Name:					
	(Last)		(First)	(MI)	
Address:				Telephone:	
				Home:	
				Mobile: Work:	
	(City)	(State)	(Zip)		
	(Oity)	(Gtate)	(2 .p)	May we contact you at w	ork?
Mailing				YES NO	
Address:				_	
	(City)	(State)	(Zip)	What is the best time to d	call?
	,	,		At home:	
Email Address:				At work:	
Driver's License	Number:			State Issued:	
Are you over 18	years of age?	YES	NO		
Harriana harra	!;	A/:II: O			
How long have	you lived in the V	villiams area?	-		
Please list the to	me of service vo	u wish to provic	le with Williams F	ire:	
i lease list tile ty	Structural Fire S		ie with williams i	Wildland Fire Suppression	
	Emergency Med			Administrative	
	Fireground Sup			Maintenance	
	Other (please lis	•		Wall terraine	
	Carron (product in	,			
Do you have an	y previous exper	ience as a firefig	ghter or EMT?		
-	t organization ar				
		•			
			DEFEDENCE		
			REFERENCES		
Diagram light house			, abayaatay Fransis		-:
riease list two r	elerences that ca	an attest to you	r character. Ensur	re at least one reference is not a fan	illy member.
Name:				Name:	
Relationship:			<u> </u>	Relationship:	
Phone:			_	Phone:	

	EDUCATION	I AND TRAINII	NG		
Name and location of high school: Graduated? YES	NO		00	VEQ	NO
If not a high school graduate, do you have a certificate of equivalency (GED)? If yes, date received:			YES	NO	
"	yes, date received:			_	
List all schools attended beyond high so	hool:				
, ,				Credits	
Name of School	School Location (City & State)	Course of Study	Dates Attended	Completed (List Quarter or Semester)	Type of Degree Earned
	•			•	
CPR Card	Expiration Date:			_	
EMR #	<u> </u>	Issuing State:		Expiration Date:	
EMT #	<u> </u>	Issuing State:		_Expiration Date:	
EMT - Intermediate #	·	Issuing State:		_Expiration Date:	
Paramedic #		Issuing State:		_Expiration Date:	
DPSST #		Issuing State:		_Expiration Date:	
List below any licenses/certificates (not number of the license or certificate, the					title and
Please briefly indicate any job-related sk Fire Rescue.	ills or additional inf	ormation you fee	el may be releva	ant to volunteering	with Williams
Do you speak a language other than Eng	alish fluently?	YES	NO		

EMPLOYMENT HISTORY

List all work experience, including military and volunteer, for the past 10 years beginning with your current or most recent position. 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. Account for any periods of unemployment or self-employment. If the pace provided is not adequate, please attach additional sheets.

Employer	Address	
		From:
Your Title	Supervisor Name and Telephone	To:
		Total Time:
Duties (Please be specific)	,	Full Time
		Part Time
		Hrs/Week:
		Paid
		Unpaid
		· ·
May we contact your employer?	Yes No	
Reason for leaving:		
Employer	Address	
		From:
Your Title	Supervisor Name and Telephone	To:
		Total Time:
Duties (Please be specific)		Full Time
		Part Time
		Hrs/Week:
		Paid
		Unpaid
		·
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Reason for leaving:		
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Your Title	Supervisor Name and Telephone	То:
		Total Time:
Duties (Please be specific)		Full Time
, ,		Part Time
		Hrs/Week:
		Paid
		Unpaid
		Spaid
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Reason for leaving:		

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Your Title	Supervisor Name and Telephone	To:
		Total Time:
Duties (Please be specific)		Full Time
		Part Time
		Hrs/Week:
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Duties (Please be specific)		Full Time
, ,		Part Time
		Hrs/Week:
		Paid
		Unpaid
		Spaid
May we contact your employer?	Yes No	
Reason for leaving:		

CO	DNVICTIONS
	TWOTIONS
Have you ever been convicted of, or plead guilty of no controller than a minor traffic violation?	test, or forfeited bond in connection to a felony or misdemeanor
Yes	No
(Conviction is not an automatic bar from employment. Each case is considered sep	parately based on its relation to the duties of the position.)
If yes, please give a short explanation outlining the circumst charge, nature and place of offense, disposition and court of the court	stances of your conviction in the space below. Please include date, of jurisdiction.
CERTIFICATION AI	UTHORIZATION & RELEASE
OEITH IOAHON, AC	OTHORIZATION & NEELAGE
authorize the Williams Rural Fire Protection District to contact my prior employers, been associated to give the District any information about me contained in their pet overify my qualifications for employment. I further release the individual, company whatsoever incurred in giving such information; and further release the Williams Ruinformation. The District may make copies of this authorization available to those of the Williams Rural Fire Protection District requires a pre-employment drug screen, such results indicate drug use, I understand my application may be rejected or my During the application process and at any time during the tenure of my employment BioMed/ChoicePoint Services Inc., on behalf of the Williams Rural Fire Protection I understand may include information regarding my character, general reputs record repositories, departments of motor vehicles, past or present employers and business or personal references, and any other source required to verify information.	. My signature below serves as authorization to the physician to release drug test results. If y employment with the District terminated.
Drinted Name	
Printed NameLast	First MI
Address	**Social Security #
-	**Data of Divide
	**Date of Birth ** This information is for identification purposes only
	successful to the industrial purposes offly
Signature	Date

In accordance with Federal law, proof of authorization to work in the United States is required upon employment. If, due to a disability, you require special accommodation to participate in the selection process, please notify the Fire Chief at (541) 846-7644.

The Williams Rural Fire Protection District is an equal opportunity employer and will not discriminate against employee or application for employment because of race, color, religion, gender, sexual orientation, age, marital status, national origin, or mental or physical disability unless based on a bonafide occupational qualification.