



# Cascade Locks Fire & EMS

P.O. Box 308

25 Wa-Na-Pa-St

Cascade Locks, OR 97041

541-374-8510 Fax 541-374-8152

APPLICANT INFORMATION									
Last Name				First		M.I.		DOB	
Street Address									
City				State			ZIP		
Phone				Message Phone					
E-mail Address									
Date Available					Social Security No.				
Valid Driver's License		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Issuing State & Number			Expiration		
Do you have an insurable driving record			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, attach separate explanation				
Application for: Volunteer <input type="checkbox"/> Sleeper Program <input type="checkbox"/> Firefighter / Paramedic <input type="checkbox"/> Other: _____									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this Fire Department?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a misdemeanor (other than minor traffic offenses) or a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If yes, attach separate explanation									

EDUCATION									
High School				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Trade / Professional School				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other School				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

PROFESSIONAL CERTIFICATIONS AND ORGANIZATIONS									

The City of Cascade Locks makes decisions without regard to race, color, sex, national origin, religion, marital status, age, or any other protected classification unrelated to job performance.

<b>PREVIOUS EMPLOYMENT</b>			
Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please attach separate sheets for additional employers			

<b>MILITARY SERVICE</b>	
Branch	From                  To
Rank at Discharge	Type of Discharge
If other than honorable, attach separate explanation	

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.

**AUTHORITY TO RELEASE INFORMATION:** By my signature, I consent to the release of information to authorized officers, agents and/or employees of the City of Cascade Locks which may include but is not limited to information concerning my past and present work; including my official personnel files, attendance records, evaluations, educational records, military service, law enforcement records, and any personnel record deemed necessary. In addition, I consent to allow the release of information through on-going driving records, background checks, health physicals and pre-employment drug screen analysis.

Signature	Date
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## PLEASE READ CAREFULLY BEFORE SIGNING

In Submitting this application, I authorize an investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials, may result in the cancellation of the application or termination from this hiring process.

If I am accepted into the Fire Department, I agree to become thoroughly familiar and comply with all of the ordinances, rules, regulations, policies of the City and subsequent Operation Manuel specific to the Fire Department.

I certify that I have read ALL of this application and that the information I have provided is true and correct.

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

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

### IMPORTANT

**Please read carefully and initial each paragraph before signing.**

By my signature and initials placed below, I hereby certify that the information provided in this application (and accompanying attachments, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration from the Fire Department, and may result in my dismissal from the Fire Department, if discovered at a later date. I agree to immediately notify the Fire Chief if I am convicted of a felony, or any crime involving dishonesty or a breach of trust.

\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application (and accompanying attachments, if any). I also authorize the City to contact my present employer(unless otherwise noted in this application form), past employers and references.

\_\_\_\_\_ Initials

I authorize any person, school, current employer (except as previously noted), past employer (s), and organizations' named in this application form (and accompanying attachments', if any) to provide the City with relevant information and opinions that may be useful to the City in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ Initials

If I am accepted into the Fire Department, I understand that it may be contingent upon passing a pre-employment physical examination, including a drug screening exam. I consent to such an examination and I consent to the release to the City of any and all medical information, as may be deemed necessary by the City in judging my capability to do the work for which I am applying.

\_\_\_\_\_ Initials

If the City pays for my registration, mileage, lodging, etc., to that I may attend classes, workshops or conferences, I agree to reimburse the City in full for all costs if I fail to attend or fail to satisfactorily complete the class, workshop or conference, unless waived by both the Fire Chief and the City Administrator.

\_\_\_\_\_ Initials

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

# **RELEASE AND WAIVER**

## **To Whom It May Concern:**

I request and authorize you to disclose to the City of Cascade Locks any documents or information that they may request. I have authorized the City of Cascade Locks to inquire concerning my background in connection with an application for employment or position with the Fire Department. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment with the City or position with the Fire Department which may be provided.

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

## **Please print or type the following information:**

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

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

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Valid Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

**This five (5) page application has \_\_\_\_\_ of additional pages attached.**

**Number**