



Application for Employment/Membership

Northern Pendleton Fire District

PERSONAL INFORMATION

Date _____

Name _____ Maiden Name _____
Last First Middle

Social Security #: _____ - _____ - _____

Date of Birth _____

Address _____ Contact Numbers () _____

City _____ () _____
Home Cell

Zip Code _____ Email: _____

- Position Desired:** Part-time/PRN Shift Volunteer
 Firefighter/EMT EMT Only Firefigter

Education History

	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Please attach a copy of your high school diploma/GED to this application.

General Information

Subjects of special study, research, work or special training skills

Hobbies: _____

Former Employers

(List below last four employers starting with the most current first.)

Date (mm/yy – mm/yy)	Name & Address of Employer	Position	Reason for Leaving

May we inquire with your present employer? Yes No

Driver History

Drivers License Number _____ Type _____

For the past five years please list any moving traffic violations _____

Have you ever lost your driving privileges? Y N If so, why? _____

Please attach a copy of your driver's license to this application as well as a copy of your vehicle insurance

REFERENCES

Give the names of three persons not related to you who have known you for at least one year.

Name	Address	Business	Contact Number	Years Known

Have you ever been convicted of a felony? _____ IF yes, explain _____

Availability

Please answer the below questions based on the position you are applying for:

Volunteer:

Are you able to attend training on Thursday evenings from 1900 to 2200 hours? Yes No

What is your current work schedule? _____

Part-Time:

Are you available to respond back for runs after you assigned shift time if requested to do so:

Yes No

Fire /EMS Information

Please provide the following information if applicable:

Firefighter Certification Level: _____ Firefighter #: _____

EMT Certification Level: _____ EMT #: _____

FEMA SID # : _____

HazMat Certification Level: Awareness Operations Technician

Attach copies of all listed certifications

Emergency Contact Information

Do you have any physical, medical, or mental limitations that could prevent you from safely performing any Fire or EMS task assigned to you? _____

Please include a written note signed and dated by your medical doctor indicating your medical status.

In Case of emergency notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone/Other: (_____) _____

Authorization

I desire to become an employee/member of the Northern Pendleton Fire District. I hereby agree that if accepted, I will abide by the policies and procedures of the District; I will participate in required training; and I will assist at District functions when possible. I further agree to obey all lawful orders from the District's Officers while on duty. I also understand that if accepted for employment, I shall be on a probation period of a minimum of 90 calendar days.

I understand that all issued District equipment, including but not limited to, pager, charger, turnout gear, badge, and uniforms remain the property of the Northern Pendleton Fire District. All issued equipment will be returned in usable condition if I resign, become inactive, or my employment is terminated or suspended.

I hereby attest that all parts of this application have been answered truthfully and to the best of my knowledge. I understand that if any of the information is found to be false, it can result in the denial of my application or the termination of my employment.

Signature of Applicant: _____ Date: _____

Applicant Printed Name: _____

Signature of Witness: _____ Date: _____