

HILLSBORO FIRE DEPARTMENT VOLUNTEER FIREFIGHTER APPLICATION

240 S. First Avenue, Hillsboro, Oregon 97123 503-681-6166

An Equal Opportunity Employer

Please Print or Type.

Position applying for _____

Phone _____

Social Security Number _____

Message Phone _____

Name _____

Work Phone _____

Last First MI

E-mail _____

Home _____

Mailing Address _____

Street

May we contact you at work? Yes No

City _____

State

Zip _____

Driver's license number _____
(If required for position)

Do you claim veteran's preference? Yes No

Have you ever been convicted of a crime? (Exclude minor traffic violations and cases processed in juvenile court)? Yes No

If yes, please explain on last page. Conviction does not necessarily disqualify you from employment.

What days and hours will you be available for fire calls?

DAY HOURS AVAILABLE

CHECK HERE
IF NOT AVAILABLE

SUNDAYS

MONDAYS

TUESDAYS

WEDNESDAYS

THURSDAYS

FRIDAYS

SATURDAYS

EDUCATION

Name and Location of School	Dates		Graduated		Credit Hours Earned	Type of Degree, Diploma, or Certificate	Course of Study/Major
	From	To	Yes	No			
High School or GED			<input type="checkbox"/>	<input type="checkbox"/>			
Vocational, Tech, or Jr. College			<input type="checkbox"/>	<input type="checkbox"/>			
College or University			<input type="checkbox"/>	<input type="checkbox"/>			
College or University			<input type="checkbox"/>	<input type="checkbox"/>			
Other			<input type="checkbox"/>	<input type="checkbox"/>			

EMPLOYMENT HISTORY

Please complete this section even if you attach a resume. List your work experience, most recent first, during the **past ten years**. Include military and volunteer experience. Attach additional sheet if necessary.

Present or Last Employer	Immediate Supervisor and Title	May we contact for references? Yes No
Address		Phone
Job Title	From: Mo. _____ Yr. _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time To: Mo. _____ Yr. _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Starting Pay: Ending Pay:
Description of job duties:		
Reason for Leaving:		

Present or Last Employer	Immediate Supervisor and Title	May we contact for references? Yes No
Address		Phone
Job Title	From: Mo. _____ Yr. _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time To: Mo. _____ Yr. _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Starting Pay: Ending Pay:
Description of job duties:		
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Description of job duties:		
Reason for Leaving:		

REFERENCES

List the names of three persons other than former employers and relatives having knowledge of your character, experience, or ability.

NAME	ADDRESS	RELATIONSHIP	PHONE

Use this space for additional details or clarification:

CERTIFICATE OF APPLICANT

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize this employer, City of Hillsboro, to make any necessary and appropriate investigations to verify the information contained herein, and I authorize previous and present employers and references to release information as necessary to verify any qualifications for employment.

Signature of Applicant _____ Date _____

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I hereby authorize City of Hillsboro to release information to prospective employers requesting such information regarding my employment. This release of information covers my employment record at the City of Hillsboro, including information on the following questions:

1. Dates of employment
2. Position(s) held
3. The quality and quantity of my work
4. My attendance habits (excluding workers' compensation, pregnancy, disability FMLA and other protected absences)
5. My relationship with co-workers, supervisors and managers
6. My attitude toward work (cooperative? positive? etc.)
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?)
8. Strengths and weaknesses
9. Willingness to comply with policies and standards
10. Whether I have had outbursts of temper, threatened, provoked fights with, or assaulted others, engaging in hostile or violent behavior
11. Any other relevant information regarding my performance, skills, ability, suitability for employment sought.

I hereby release from any and all liability, and promise to indemnify any and all representatives of the City of Hillsboro (the City), for claims of every kind and character which I might allege on account of information provided by the City concerning me to any future employer or potential future employer. I request that the City fully and accurately disclose information concerning my job performance while employed by the City. I agree that all representatives of the City of Hillsboro who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, only the dates of my employment, positions held, and salary information will be verified.

Print Name _____

Employee Signature _____ Date _____

