

EDUCATION RECORD - IF NOW IN SCHOOL, INCLUDE PRESENT TERM.

NAME AND LOCATION OF HIGH SCHOOL: _____

GRADUATED? YES NO

IF NOT A HIGH SCHOOL GRADUATE,
DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (GED)? YES NO

PLEASE LIST SCHOOLS ATTENDED AFTER HIGH SCHOOL, OR SPECIAL TRAINING RECEIVED.

| NAME AND LOCATION | From | | To | | Full Time | Part Time | Major | Credits | Certificate or Degree Earned |
|-------------------|------|----|----|----|-----------|-----------|-------|---------|------------------------------|
| | Mo | Yr | Mo | Yr | | | | | |
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LIST ANY OTHER TRAINING, LICENSES, CERTIFICATES, OR SKILLS YOU HAVE THAT ARE PERTINENT TO THE POSITION:

THIS SECTION MUST BE COMPLETED, A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE

EMPLOYMENT HISTORY - BEGINNING WITH YOUR MOST RECENT JOB, DESCRIBE YOUR WORK EXPERIENCE DURING THE PAST TEN YEARS. INCLUDE ALL NON-PAID OR VOLUNTEER WORK. ATTACH ADDITIONAL SHEETS AS NEEDED.

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| EMPLOYER NAME: | | ADDRESS: | | | |
| YOUR JOB TITLE: | | SUPERVISORS NAME AND PHONE: | | FROM | TO |
| SPECIFIC DUTIES: | | | | | |
| REASON FOR LEAVING: | | | | | |

IF YOU STILL WORK HERE, MAY WE CONTACT YOUR EMPLOYER? YES NO

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| EMPLOYER NAME: | | ADDRESS: | |
| YOUR JOB TITLE: | SUPERVISORS NAME AND PHONE: | FROM | TO |
| SPECIFIC DUTIES: | | | |
| REASON FOR LEAVING: | | | |

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|---------------------|-----------------------------|----------|----|
| EMPLOYER NAME: | | ADDRESS: | |
| YOUR JOB TITLE: | SUPERVISORS NAME AND PHONE: | FROM | TO |
| SPECIFIC DUTIES: | | | |
| REASON FOR LEAVING: | | | |

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|---------------------|-----------------------------|----------|----|
| EMPLOYER NAME: | | ADDRESS: | |
| YOUR JOB TITLE: | SUPERVISORS NAME AND PHONE: | FROM | TO |
| SPECIFIC DUTIES: | | | |
| REASON FOR LEAVING: | | | |

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|---------------------|-----------------------------|------|----|
| EMPLOYER NAME: | ADDRESS: | | |
| YOUR JOB TITLE: | SUPERVISORS NAME AND PHONE: | FROM | TO |
| SPECIFIC DUTIES: | | | |
| REASON FOR LEAVING: | | | |

REFERENCES - LIST THE NAMES OF THREE PERSONS OTHER THAN RELATIVES OR FORMER EMPLOYERS

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |

CERTIFICATE OF APPLICANT - READ CAREFULLY BEFORE SIGNING

1. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACTS HEREIN WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO ANY EMPLOYMENT IN THE SERVICE OF THE ROGUE RIVER RURAL FIRE DISTRICT.
2. I AUTHORIZE ANY OF THE FORMER EMPLOYERS NAMED IN MY APPLICATION TO RELEASE ANY INFORMATION IN THE POSSESSION OF SUCH EMPLOYER REGARDING MY WORK PERFORMANCE.
3. I UNDERSTAND THAT THE APPLICATION WILL ONLY BE CONSIDERED FOR THE POSITION APPLIED FOR.
4. I HEREBY GIVE MY PERMISSION TO THE ROGUE RIVER RURAL FIRE PROTECTION DISTRICT TO CONDUCT ANY INVESTIGATION NECESSARY OF MY PAST ACTIVITIES.

SIGNATURE: _____ DATE: _____

PLEASE INCLUDE PHOTO COPIES OF THE FOLLOWING:

Any Pertinent Certificates