



JACKSON COUNTY FIRE DISTRICT 1

PO Box 1170 ROGUE RIVER, OR 97537
5474 N RIVER RD., GOLD HILL, OR 97525
rogueriverfd.com
FAX (541) 582-3456
BUSINESS (541) 582-4411

DIRECTIONS: Complete the application. Supply an answer to every question. SIGN AND DATE YOUR APPLICATION (electronic signatures are acceptable). Attach a resume, copy of Driver's license front and back. Attach any pertinent certificates. Follow any additional instructions found on a Job Announcement. Failure to observe these directions will result in your application not receiving any consideration.

POSITION APPLIED FOR:

_____ Career Fire/EMS _____ Career EMS _____ Volunteer _____ Student _____ Administrative

ARE YOU AT LEAST 18 YEARS OF AGE? _____ YES _____ NO

NAME: _____ Primary Phone: _____
Last First MI

EMAIL: _____ Secondary Phone: _____

ADDRESS: _____
Street
City _____ State _____ Zip _____

CAN YOU TRAVEL IF A JOB REQUIRES IT? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, PLEASE BRIEFLY EXPLAIN. (EXCLUDE THOSE CASES PROCESSED IN JUVENILE COURT AND MINOR TRAFFIC VIOLATIONS). CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

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					

LIST ANY OTHER TRAINING, LICENSES, CERTIFICATES, OR SKILLS YOU HAVE THAT ARE PERTINENT TO THE POSITION:

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.

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

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

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

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

EMPLOYER NAME:		ADDRESS:			
YOUR JOB TITLE:		SUPERVISORS NAME AND PHONE:	<table border="1"> <tr> <td>FROM</td> <td>TO</td> </tr> </table>	FROM	TO
FROM	TO				
SPECIFIC DUTIES:					
REASON FOR LEAVING:					

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

NAME	ADDRESS	TELEPHONE

CERTIFICATE OF APPLICANT – BY SUBMITTING THIS APPLICATION, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

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.

Career Fire / EMS Applicants: Upload this Application including Supplemental Questions, Driver's License & Pertinent Certificates to your Candidate Documents on the National Testing Network (Fire Team) Website.

<https://www.nationaltestingnetwork.com/>

SIGNATURE: _____ DATE: _____

EMS-Paramedic Supplemental Questions

Please answer the following questions.

1. Do you have your Paramedic certification? ☐ Yes ☐ No
2. What type of certification do you possess (check all that apply)?
 - ☐ Oregon
 - ☐ Other state, indicate which state _____
 - ☐ National Registry
3. Do you have a current CPR card? ☐ Yes ☐ No
4. Do you possession a Driver's License valid in Oregon? ☐ Yes ☐ No
5. Are you EVOC certified, NFPA Driver, or equivalent? ☐ Yes ☐ No
6. Do you have your PALS certification? ☐ Yes ☐ No
7. Do you have your ACLS certification? ☐ Yes ☐ No
8. Have you completed IS 100? ☐ Yes ☐ No
9. Have you completed IS 200? ☐ Yes ☐ No
10. Have you completed IS 700?
11. Do you have PHTLS certification? ☐ Yes ☐ No

You must submit proof of each requirement with your application to qualify for the position.