



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, if required. 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: _____ Volunteer _____ Student _____ Career Fire/EMS _____ 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.

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:			

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:	FROM	TO
SPECIFIC DUTIES:			
REASON FOR LEAVING:			

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

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.

PLEASE INCLUDE PHOTO COPIES OF THE FOLLOWING:

Any Pertinent Certificates:

Career Fire/EMS Applicants: Upload this Application & Pertinent Certificates to your Candidate Documents on the National Testing Network (Fire Team) Website. <https://www.nationaltestingnetwork.com/>

SIGNATURE: _____

DATE: _____