

Santa Clara Rural Fire Protection District

Volunteer Firefighter/Medic Application

Equal Opportunity Employer

Full Name: _____

Spouse Name: _____

Address: _____

Phone #s Hm: (____)_____ Msg.: (____)_____

E-Mail _____

Drivers License #/State _____ Date of Birth: _____

Emergency Contact & Phone # _____

Are you legally eligible for employment in the USA ? Y or N _____

Have you ever been convicted of or pled guilty to a law violation by either civilian, military authority? If yes, Explain (conviction does not necessarily disqualify you from employment). Exclude those cases processed by juvenile court and minor traffic violations.

Most of the following is not necessary but needed for our records.

◆ Are you a high school graduate or equivalent?	Yes__	No__
◆ Do you possess, or are you able to possess, an Oregon driver's license, and are you insurable by the insurance company of the district. ?	Yes__	No__
◆ Do you possess an Oregon EMT license? Circle Basic/Inter./Param. # _____	Yes__	No__
◆ Do you possess an Oregon DPSST Basic Firefighter certification? # _____	Yes__	No__
◆ Do you possess an Oregon DPSST Instructor certification? Level _____	Yes__	No__
◆ Do you possess an Oregon DPSST Haz Mat Awareness, Operations certification?	Yes__	No__
◆ Do you possess an AS degree in fire science?	Yes__	No__
◆ Are currently participating in a regular physical fitness program?	Yes__	No__

List any special training, licenses, certifications, machine skills, office equipment, languages, or special skills you may have that are pertinent to the position for which you are applying.

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Please list two personal references that we can contact who are
NOT RELATED TO YOU OR NOT LIVING AT THE SAME ADDRESS

Name	Name
Relationship	Relationship
Address	Address
Phone	Phone

The main reason I became interested in joining the Santa Clara Fire Department is information I received from:
(check one)

- local media (newspaper, television, radio)
- fire department publications (posters, mailers, brochures)
- my own initiative
- a current member (list name: _____)
- other (explain: _____)

To the best of my knowledge all submitted information is accurate. I understand that misrepresentation or omission of facts called for is cause for disqualification or dismissal.

Date: _____ Signature: _____

Filled out by District Personnel

Date Received _____

Who Received _____