

# Charleston Fire & Rescue

92342 Cape Arago Hwy., Coos Bay, OR. 97420-8745

Phone: (541) 888-3268 Cell: (541) 252-9915

Email: acybulski.crfpd@gmail.com

## APPLICATION

Date: \_\_\_\_\_

The District makes decisions regarding employment applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to the job performance.

Please fill out carefully using a computer or ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

SS# \_\_\_\_\_

POSITION APPLIED FOR: **Volunteer Firefighter**

**NAME:** \_\_\_\_\_  
First Name Middle Name Last Name

**ADDRESS:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

**TELEPHONE:** \_\_\_\_\_

\_\_\_\_\_  
Residence Business Message

Are you over 18 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

Did you graduate from high school or obtain a G.E.D.? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, name and location of high school or place where G.E.D. obtained.

\_\_\_\_\_

Please describe any other education, training, qualifications, or skills that you think are relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO if yes, please give number and state \_\_\_\_\_

Have you ever been convicted of a felony on or after your 18<sup>th</sup> birthday? (Do not include minor traffic violations or arrests without conviction.) \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give a short explanation outlining the circumstances of your conviction. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying. \_\_\_\_\_

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## EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past ten years if you have worked that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable. If you need additional space, attach additional sheets.

CURRENT EMPLOYER	ADDRESS	FROM _____ / _____ Mo.      Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo.      Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

PREVIOUS EMPLOYER	ADDRESS	FROM _____ / _____ Mo.      Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo.      Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

PREVIOUS EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo. Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

PREVIOUS EMPLOYER	ADDRESS	FROM _____ / _____ Mo. Year
JOB TITLE	SUPERVISOR PHONE #	TO _____ / _____ Mo. Year
DUTIES (Be specific)		TOTAL TIME Yrs. _____ Mos. _____
		_____ Full Time _____ Part Time
		_____ Paid _____ Unpaid
May we contact this employer? _____ Yes _____ No		

## REFERENCES

List three persons other than relatives who have known you for longer than one year.

Name	Address	Phone #	Occupation
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In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment.

In consideration of acceptance as an employee, I agree to become thoroughly familiar with the ordinances, rules, policies and by-laws of the District, and to comply with such rules and regulations.

I certify that I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT**

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may result in my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

\_\_\_\_\_ Initials

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (any accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

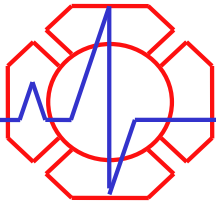
\_\_\_\_\_ Initials

If the District makes an offer of employment to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination. I consent to the release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

\_\_\_\_\_ Initials

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



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Name: \_\_\_\_\_

Maiden/ Other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

I authorize the Coos County Sheriff's office to release any information pertaining to my criminal history to the Charleston Rural Fire Protection District.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

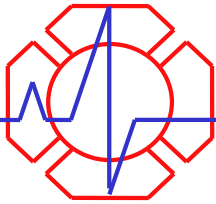
Driver's License # \_\_\_\_\_ and State \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_ No Criminal Record

\_\_\_\_\_ Request CCH check from OSP Advised  
Per OAR 257-10-025 (1) (c).

\_\_\_\_\_ Has Driving offense



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## EMPLOYEE DRIVING RECORD INFORMATION

1. In connection with my employment as a paid person or appointment as a volunteer (or my application for employment or appointment), I hereby give permission to Charleston Fire District (hereinafter referred to as District) to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any party or agency contacted by the District, to furnish the above-mentioned information during the course of this employment or appointment.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by the District for the duration of my employment or appointment and will serve as ongoing authorization for the District to procure my state driving record at any time during my employment or appointment period.
6. I understand that the District may take adverse action affecting my employment or appointment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
  - District must notify me in writing of any such adverse action.
  - I have the right to receive a copy of the driving record upon which the adverse action was based.
  - I have the right to receive a summary of my right under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer-reporting agency that provided my driving record to the District.
  - I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that the District took adverse action.
  - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

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Employee's/ Appointee's Name (Print)	Employee's/ Appointee's Signature	Date signed
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Social Security Number	Driver's License Number & State	Date of Birth
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Year this driver obtained CDL license: \_\_\_\_\_ Years commercial driving experience: \_\_\_\_\_