



## **HOODLAND FIRE DISTRICT #74**

### **VOLUNTEER EMPLOYMENT APPLICATION**

#### **INSTRUCTIONS:**

- Please print legibly or type your answers.
- Answer each question fully and accurately.
- If you need additional space, continue your answers(s) on a separate sheet of paper.
- No action can be taken on this application if it is incomplete and unanswered.
- Do not sign the application digitally.
- Application packet will not be accepted electronically.

#### **APPLICATIONS SUBMITTAL:**

Candidates must include the following items in their application packet:

- Resume
- Employment Application
- Signed Disclosure and Authorization Release Form.
- Attach Copy of Current Valid Driver's License (front and back)
- Attach Copies of additional documentation, certifications, licenses, etc. (if applicable)

Deliver or send applications to the address below:

**Hoodland Fire District #74**  
**Re: Volunteer Application**  
**69634 E. Hwy 26**  
**Welches, OR 97067**

**EQUAL EMPLOYMENT OPPORTUNITY:** Hoodland Fire District #74 (HFD) is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service or any state of Oregon protected classifications. HFD does not discriminate against any candidate or employee in hiring or in the terms, conditions, and privileges of employment based upon genetic information, pregnancy, childbirth, sexual orientation and gender identity, or related medical conditions. HFD will make reasonable accommodations for qualified employees with physical or mental disabilities and for employee's religious beliefs that conflict with a workplace rule or function. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.



# HOODLAND FIRE DISTRICT #74

## VOLUNTEER EMPLOYMENT APPLICATION

Applicant's Name: \_\_\_\_\_

\*\*\*\*\*

### FOR OFFICE USE ONLY

|  |                         |                           |
|--|-------------------------|---------------------------|
| Application Received                                     | Initials _____          | Date _____                |
| Resume Received  | Initials _____          | Date _____                |
| Certs Received (if applicable)                           | Initials _____          | Date _____                |
| Background Investigation                                 | Initials _____          | Date _____                |
| Fire Chief Review  | Initials _____          | Date _____                |
| Review Committee / Interview                             | ACCEPT _____ DENY _____ | Initials _____ Date _____ |
| *Acceptance Date _____                                   | Signed _____            | Title _____               |
| Drug/Alcohol Screen Test                                 | Initials _____          | Date _____                |
| Entry Level Agility Test (if applicable)                 | PASS _____ FAIL _____   | Initials _____ Date _____ |
| EMS Protocol Test (if applicable)                        | Initials _____          | Date _____                |
| Life Insurance Form completed                            | Initials _____          | Date _____                |
| LOSAP Form completed                                     | Initials _____          | Date _____                |
| Provident Insurance Form completed                       | Initials _____          | Date _____                |
| USCIS I-9 Form completed                                 | Initials _____          | Date _____                |
| IRS Withhold W-4 Form completed                          | Initials _____          | Date _____                |
| Wellness/Fitness Evaluation and physical                 | Initials _____          | Date _____                |
| Volunteer on Worker's Comp, Life & Disability Insurance. | Initials _____          | Date _____                |
| Computer and Electronic Mail SOG #1-09 Acknowledgement   | Initials _____          | Date _____                |
| Facilities and Security SOG #1-06 Acknowledgment         | Initials _____          | Date _____                |
| Computer Login   | Initials _____          | Date _____                |
| Target Solutions Login                                   | Initials _____          | Date _____                |
| Image Trend Login  | Initials _____          | Date _____                |
| Door Code  | Initials _____          | Date _____                |

Personnel # \_\_\_\_\_

DPSST # \_\_\_\_\_



## HOODLAND FIRE DISTRICT #74 VOLUNTEER EMPLOYMENT APPLICATION

|  |                                   |                                   |  |
|--|-----------------------------------|-----------------------------------|--|
| Interested in: <input type="checkbox"/> Firefighting/EMS | <input type="checkbox"/> EMS Only | <input type="checkbox"/> C.E.R.T. | <input type="checkbox"/> Support Group |
|--|-----------------------------------|-----------------------------------|--|

### PERSONAL INFORMATION

|                  |               |            |      |
|------------------|---------------|------------|------|
| First Name:      | Middle Name:  | Last Name: |      |
| Address:         | City:         | State:     | Zip: |
| Mailing Address: | City:         | State:     | Zip: |
| Home Phone #:    | Cell Phone #: |            |      |
| Email Address:   |               |            |      |

### EMPLOYMENT ELIGIBILITY

|  |
|--|
| Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Successful candidates will be required to prove identity and eligibility for employment by providing the required documentation to complete an I-9 Form. |

### EDUCATION

| Please list below any education, training and/or specialized experience such as high school, college, degrees, licenses, vocational, technical, military experience, etc. that you feel would help you perform the work for which you are applying. |  |
|---|--|
| DEGREES, LICENSES, RELEVANT EDUCATION, OR TRAINING  | WHERE DID YOU ACQUIRE IT (NAME OF SCHOOL, PROGRAM, ETC.) |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

## EMPLOYMENT HISTORY

List names of employers in chronological order with present or last employer listed first. (Please include a resume with application.)

|                        |       |  |  |
|------------------------|-------|--|--|
| 1. Employer:           |       | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Address:               |       | Phone:   |  |
| Supervisor:            |       | Title:   |  |
| Job Title:             | From: | To:  |  |
| Description of duties: |       |  |  |
| Reasons for leaving:   |       |  |  |

|                        |       |  |  |
|------------------------|-------|--|--|
| 2. Employer:           |       | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Address:               |       | Phone:   |  |
| Supervisor:            |       | Title:   |  |
| Job Title:             | From: | To:  |  |
| Description of duties: |       |  |  |
| Reasons for leaving:   |       |  |  |

|                        |       |  |  |
|------------------------|-------|--|--|
| 3. Employer:           |       | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Address:               |       | Phone:   |  |
| Supervisor:            |       | Title:   |  |
| Job Title:             | From: | To:  |  |
| Description of duties: |       |  |  |
| Reasons for leaving:   |       |  |  |

## SUPPLEMENTAL QUESTIONS

Are you able to provide three (3) to five (5) 12-Hour shifts per month?  Yes  No

Why do you want to become a volunteer at Hoodland Fire District #74? :

Describe any additional skills or qualifications that you possess :

## REFERENCES

| Provide three (3) references (Don't include employers listed in Employment History section): |         |       |            |
|--|---------|-------|------------|
| NAME   | ADDRESS | PHONE | OCCUPATION |
| 1.   |         |       |            |
| 2.   |         |       |            |
| 3.   |         |       |            |

## IN CASE OF EMERGENCY CONTACTS

| List In Case of Emergency Contacts in order of who should be contacted first. |         |       |              |
|---|---------|-------|--------------|
| NAME  | ADDRESS | PHONE | RELATIONSHIP |
| 1.  |         |       |              |
| 2.  |         |       |              |
| 3.  |         |       |              |

## VERIFICATION AND SIGNATURE

|  |   |
|--|---|
| 1.   | I authorize the investigation of all matters which Hoodland Fire District #74 deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release Hoodland Fire District #74 from all liability, which might result from making the investigation.                                    |
| 2.   | I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.  |
| 3.   | I understand that I may be required to submit to pre or post-employment physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Hoodland Fire District #74's expense. I authorize release of the results to Hoodland Fire District #74 for their use to evaluate my suitability for employment. I also release Hoodland Fire District #74 from all liability arising out of, or connected with, examinations and/or testing. |
| 4.   | I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.   |
| 5.   | I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <div style="border-top: 1px solid black; width: 100%;"></div> Signature                              | <div style="border-top: 1px solid black; width: 100%;"></div> Date  |
| For Office Use only – Reviewer Signature and certification that candidate meets minimum requirements |   |
| Reviewer Name: _____ Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |