



## 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.

#### **APPLICATIONS SUBMITTAL:**

Candidates must include the following items in their application packet:

- Resume
- Employment Application
- 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**

[hoodland@hoodlandfire.org](mailto:hoodland@hoodlandfire.org)

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

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### FOR OFFICE USE ONLY

Application Received	Initials _____	Date _____
Resume Received	Initials _____	Date _____
Certs Received (if applicable)	Initials _____	Date _____
Fire Chief Review	Initials _____	Date _____
Review Committee / Interview	ACCEPT _____ DENY _____	Initials _____ Date _____
*Acceptance Date _____	Signed _____	Title _____

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Entry Level Agility Test (if applicable)	PASS _____ FAIL _____	Initials _____	Date _____
Background Investigation	Initials _____	Date _____	
Medical Physical	Initials _____	Date _____	
Copy of Valid Driver's License	Initials _____	Date _____	
EMS Protocol Test (if applicable)	Initials _____	Date _____	
USCIS I-9 Form completed	Initials _____	Date _____	
IRS Withhold W-4 Form completed	Initials _____	Date _____	
Life Insurance Form completed	Initials _____	Date _____	
Provident Insurance Form completed	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:  Firefighting/EMS       EMS Only       C.E.R.T.       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:			

#### 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
Signature _____	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