



# Application for Employment

Lyons Rural Fire Protection District, 1114 Main St/PO BOX 179 Lyons OR 97358

Applicants for all positions are considered without regard to race, color, religion, sex, sexual orientation, gender ID, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

## PLEASE PRINT ALL INFORMATION

Position Applied for

Date of Application

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number(s)Home

Cell Number

Email address

Are you available to work  Weekdays  Nights  Weekends  Holidays?

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No (Proof of citizenship or immigration status will be required upon employment.)

**REQUIRED TO APPLY** - Please attach copies of **all required certifications** to this application. Failure to submit proper documentation may disqualify you from being invited to test.

### **Ambulance Staff & Volunteer Firefighter:**

Valid Oregon Driver's License,  YES  NO

Do you have three years of verifiable driving experience,  YES  NO

State of Issue \_\_\_\_\_ License No \_\_\_\_\_ . Type or Class \_\_\_\_\_

### **Paramedic and EMT requirements:**

- EVOC certified, NFPA Driver, or equivalent
- Oregon Paramedic or EMT. Candidates must obtain and provide proof of Oregon Paramedic or EMT Licensure by date of hire.
- ACLS Certification and CPR card (Paramedics)
- CPR Card (EMT's)

### **Optional:**

- Please attach any additional certifications that may be relevant (firefighting certifications, NIMS)
- Personal Resume
- References

## Employment Experience

Starting with your present employment, document your last 10 years of employment. Include any job related military service assignments. Volunteer activities may be included if you desire, but you are not required to disclose any protected status information.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
TELEPHONE NUMBERS			
REASON FOR LEAVING			
		SUPERVISOR:	
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
TELEPHONE NUMBERS			
REASON FOR LEAVING			
		SUPERVISOR:	
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
TELEPHONE NUMBERS			
REASON FOR LEAVING			
		SUPERVISOR:	

If you need additional space, please continue on a separate sheet of paper



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## Education

Have you received a high school diploma or GED? YES  NO

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

### College Education *(Please attach copies of all degrees)*

Degree Program	College Name Location	Date of Award

List professional, trade business or civic activities, special skills, honors and/or additional qualifications

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### Professional References (Other than relatives or/and employers already listed)

1. \_\_\_\_\_  
 (Name) (Phone #) (Address)
2. \_\_\_\_\_  
 (Name) (Phone #) (Address)
3. \_\_\_\_\_  
 (Name) (Phone #) (Address)

Veteran of the U.S. Military service?  Yes  No Branch \_\_\_\_\_

(Under Oregon law, armed forces veterans who meet minimum qualifications for a position may be eligible for employment preference. You may be eligible for either 5 points as a Qualified Veteran, or 10 points as a Qualified Disabled Veteran (or spouse), but not both. If you are a veteran and want to apply for preference points, please submit a completed Veterans' Preference form as well as the required documentation listed on the form. **All documentation for Veteran's Preference must be received prior to the date of the written test**)



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## Applicant's Statement

### PLEASE READ CAREFULLY

In exchange for the consideration for my job application by Lyons Rural Fire Protection District, I agree that:

The facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal.

I \_\_\_\_\_ (print your name) authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for rejection for my application or dismissal from employment at any time without any previous notice. I hereby give Lyons Rural Fire Protection District permission to review public records regarding my personal and professional background, and to contact schools, previous employers, references, and others, and hereby release Lyons Rural Fire Protection District from any liability as a result of such contacts.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. If employed, I understand that Lyons Rural Fire Protection District may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction on benefits. I further understand that, if selected as a finalist, I will be required to take and pass a drug and alcohol test, as well as a background investigation prior to appointment to this position. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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