



# LEBANON RURAL FIRE PROTECTION DISTRICT

1050 W. Oak Street • Lebanon, OR 97355 • (541) 451-1901

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

## EMPLOYMENT APPLICATION FOR:

\_\_\_\_\_  
PRINT TITLE OF POSITION OR POSITIONS FOR WHICH YOU ARE APPLYING

**INSTRUCTIONS: This application is part of the selection process. Please fill out carefully**

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Number and Street City State Zip Code

**Driver's License:**

Do you have a valid drivers license?  Yes  No

If Oregon license, please give number:

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Class/Type: \_\_\_\_\_

**E-Mail Address:**

**Telephone Number(s)**

Residence: \_\_\_\_\_

Cellular: \_\_\_\_\_

Business: \_\_\_\_\_

**Professional Licenses and Certificates:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterans' Preference will be accorded as provided by Oregon Revised Statutes 408.225 to 408.237.

**DOCUMENTATION MUST BE PROVIDED.** Applicants must provide proof of eligibility prior to completion of the application screening process. If available, attach proof of eligibility to your application prior to submitting for consideration.

**Are you requesting Veterans' Preference as defined by ORS listed above? Yes No**

BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE

**Disabled Veterans' Preference** will be accorded as provided by Oregon Revised Statutes 408.225 to 408.237. **DOCUMENTATION MUST BE PROVIDED.** Applicants must provide proof of eligibility prior to completion of the application screening process. If available, attach proof of eligibility to your application prior to submitting for consideration.

**Are you requesting Disabled Veterans' Preference as defined by ORS listed above? Yes No**

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

**EDUCATION AND FORMAL TRAINING**

Do you have a high school diploma?  Yes – list name of school and location \_\_\_\_\_  
School City State

No – list highest grade completed \_\_\_\_\_

Do you have a GED Certificate?  Yes \_\_\_\_\_  
School City State

No

**SCHOOL ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED**

	From		To		Fields of Study or Titles of Special Courses	Hours completed Sem/Qtr	Certificates or degrees granted
	Mo.	Yr.	Mo.	Yr.			

Business or Trade Schools	From		To		Subjects	Length of Course	Completed
	Mo.	Yr.	Mo.	Yr.			

**EMPLOYMENT HISTORY**

- List below your work experience, paid or unpaid, beginning with your present or most recent job. Additional sheets may be attached.
- 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. Explain significant breaks in work experience. You must complete this section of the application form.

<b>PRESENT OR LAST POSITION</b>	Employer _____	Address _____	From _____	_____
	Your Title _____	Supervisor's Name and Telephone _____	Month _____	Year _____
	Duties (be specific) _____		To _____	_____
	_____		Month _____	Year _____
	_____		Total Time _____	_____
	_____		Years _____	Months _____
	_____		Hrs./Week _____	_____
		If varied, indicate average		
		<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving _____			

	Employer _____	Address _____	From _____	_____
	Your Title _____	Supervisor's Name and Telephone _____	Month _____	Year _____
	Duties (be specific) _____		To _____	_____
	_____		Month _____	Year _____
	_____		Total Time _____	_____
	_____		Years _____	Months _____
	_____		Hrs./Week _____	_____
			If varied, indicate average	
		<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving _____			

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

Employer _____ Address _____	From _____ Month Year
Your Title _____ Supervisor's Name and Telephone _____	To _____ Month Year
Duties (be specific) _____ _____ _____	Total Time _____ Years Months
_____	Hrs./Week _____ If varied, indicate average
_____	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____	
Employer _____ Address _____	From _____ Month Year
Your Title _____ Supervisor's Name and Telephone _____	To _____ Month Year
Duties (be specific) _____ _____ _____	Total Time _____ Years Months
_____	Hrs./Week _____ If varied, indicate average
_____	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____	
Employer _____ Address _____	From _____ Month Year
Your Title _____ Supervisor's Name and Telephone _____	To _____ Month Year
Duties (be specific) _____ _____ _____	Total Time _____ Years Months
_____	Hrs./Week _____ If varied, indicate average
_____	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____	
Employer _____ Address _____	From _____ Month Year
Your Title _____ Supervisor's Name and Telephone _____	To _____ Month Year
Duties (be specific) _____ _____ _____	Total Time _____ Years Months
_____	Hrs./Week _____ If varied, indicate average
_____	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving _____	

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

Employer _____	Address _____	From _____	_____
Your Title _____	Supervisor's Name and Telephone _____	Month _____	Year _____
Duties (be specific) _____		To _____	_____
_____		Month _____	Year _____
_____		Total Time _____	
_____		Years _____	Months _____
_____		Hrs./Week _____	
_____		If varied, indicate average	
_____		<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving _____		

**REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.**

Name	Phone/Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where did you hear about this job opening?** \_\_\_\_\_

**Are you at least 18 years of age? Yes**

*By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my employment with the District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment.*

*Further, Lebanon Fire District requires an employment physical. Such physical will include a drug screening test. My signature below serves as authorization to the physician to release all information relative to the employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the District terminated.*

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

**Send Application to:  
Lebanon Fire District  
1050 W. Oak Street  
Lebanon, OR 97355**

Equal Opportunity Employer