

Social Security Number

Return applications to:

Chief David Wolting Goshen Fire District 85880 First Street Eugene, Oregon 97405 Phone: (541) 747-3104

The Goshen Fire District does not accept faxed or e-mailed applications.

GOSHEN FIRE DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Job applied for

CONTACT INFORMATION	
Name (Last, First, MI):	
Mailing Address:	
City, State, And Zip Code:	
Home Telephone:	
Work Telephone:	
Message (If Different):	
E-mail Address:	
 CERTIFICATION AND SIGNATURE I hereby certify that all statements made in this application are true, and statement that is false, fraudulent, or misleading in this application or att of any related employment process may cause forfeiture of employment I certify that all statements contained herein are true and complete. I understand that I must prove that I am authorized to work in the Utilia authorize the employing agency to verify the employment and educe employment application. I authorize my driving record to be checked if the position for which I understand and agree to be subjected to a pre-employment drug state. 	tached materials, or made in the course t. nited States if I am hired. cation information provided on this I am applying requires driving.
background check, if applicable.	
Signature (must be in ink):	Date:

		TORY					
Do you have a high school diploma or GED certificate? (Circle One) YES NO							
20 you have a high conton alpienta of CEB continuate. (Circle Circ) 120 140							
List high schools, colleges, military, trade, business, or other schools attended:							
Name And Location Of School	Course	e Of	Credits Earned In Quarter	Graduated	Degree Or Certificate		
	Study		Or Semester Hours	(Yes/No)	Received		
LICENSES, REGISTRATIO	NS, CE	=RTIFI	CATES				
List any required profession	onal li	cense	registration certific	ate Oregon Co	mmercial Driver's		
License (CDL), Oregon Dri		•	•	•			
•							
number, and expiration da	te. Fo	or thos	e positions which re	equire a driver's	license, driving		
records may be reviewed:							
Description		Issu	ing State /Agency	ID Number	Exp. Date		
					=-4-=		
		1					
SDECIALIZED SKILLS AND	KNO	WI ED	CE.				
SPECIALIZED SKILLS AND	KNO	WLED	GE				
SPECIALIZED SKILLS AND	KNO	WLED	GE				
				vour ability to p	erform the job for		
List any specialized skills	or kno	owledg	e that demonstrate				
List any specialized skills which you are applying (se	or kno	owledg	e that demonstrate				
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WORK HISTORY

The information provided in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military, or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet and duplicate the same format used on this application.

JOB NUMBER 1	Job Title							
Name of Employer		Superviso	Supervisor's Name		Supervisor's	Title		
Employer's Address		City		ST	Phone			
Employment Dates:	From	То	Avg Hrs	s Worked/ Wk [:]				
DUTIES:			1					
SUPERVISION/LEA	D WORK (CHE	CK THE AREA	S YOU	WERE RESPO	DNSIBL	E FOR):		
ρ Assigning and Re	•	•	•	linary Problem	S		Recommending Hiring	
ρ Rating Work Perfo				Grievances	IOR TI		ponsible for Any of These Employees:	
LIGIT THE TOMBER								
IOD NUMBER O	Job Title							
JOB NUMBER 2								
Name of Employer			Superviso	or's Name		Supervisor's	Title	
Employer's Address			City		Phone			
Employment Dates:	From	То	Avg Hrs	s Worked/ Wk ⁻				
DUTIES:	1		•					
SUPERVISION/LEA	,					•		
ρ Assigning and Rev	_	•	-	inary Problems	S		Recommending Hiring	
ρ Rating Work Performance ρ Responding to Grievances ρ Not Responsible for Any of these LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES: # Employees:								

JOB NUMBER 3 Job Title							
Name of Employer		Supervisor's Name		Supervisor's Title			
Employer's Address			City	ST	Phone		
Employment Dates:	From	То	Avg Hrs Worked/ Wk ⁻				
DUTIES:	l			I			
SUPERVISION/LEA	D WORK (CHE		S YOU WERE RESPO		,		
ρ Assigning and Revρ Rating Work Perfo	=	•	g Disciplinary Problem ding to Grievances	S	ρ Hiring or Recommending Hiringρ Not Responsible for Any of These		
			RVISED AND THEIR	JOB TIT			
JOB NUMBER 4 Job Title							
Name of Employer			Supervisor's Name		Supervisor's Title		
Employer's Address			City	ST	Phone		
Employment Dates:	From	То	Avg Hrs Worked/ Wk				
DUTIES:							
OUDEDVIOLONII EAD WORK (OUEOK THE ADEAO VOLUMEDE DECONOLIS E EOD)							
SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):							
ρ Assigning and Reviewing Work ρ Handling Disciplinary Problems ρ Hiring or Recommending Hiring ρ Rating Work Performance ρ Responding to Grievances ρ Not Responsible for Any of these							
LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES: #Employees:							
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