



# Employment Application

## TEMPORARY PART-TIME FIREFIGHTER EMT

North Lincoln Fire & Rescue District #1  
PO Box 200 – Lincoln City, OR 97367

North Lincoln Fire & Rescue District #1 is an equal opportunity employer and makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to job performance.

This application will be considered only for the specific job applied for. It will not be retained. If you desire to be considered for a position at a future time, you must file a new application.

### PLEASE PRINT

Position applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Are you over 18 years of age: \_\_\_\_\_

It is the District's policy to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility.

Please list any experience that you feel helps qualify you to be an employee with our District. Be sure to list any other fire departments you have worked for or volunteered with. List any military, lifesaving or medical training you have obtained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all active Firefighter and EMS certifications/licenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked or volunteered for North Lincoln Fire & Rescue before? \_\_\_\_\_

If yes, dates: \_\_\_\_\_

Position held: \_\_\_\_\_

How did you become aware of this job opening? \_\_\_\_\_

**Previous Work Experience (within the past 10 years) - Please list the most recent employment first.  
If more room is needed for past employment, please use a separate page.**

<b>1. Company Name _____ Phone _____</b>
Address _____
Immediate Supervisor _____
Dates Worked _____
Position Held _____
Job Responsibilities _____
_____
Reason for Leaving _____

<b>2. Company Name _____ Phone _____</b>
Address _____
Immediate Supervisor _____
Dates Worked _____
Position Held _____
Job Responsibilities _____
_____
Reason for Leaving _____

<b>3. Company Name _____ Phone _____</b>
Address _____
Immediate Supervisor _____
Dates Worked _____
Position Held _____
Job Responsibilities _____
_____
Reason for Leaving _____

**May we make inquiries of your previous & present employers: \_\_\_\_\_**

**References:** List three persons other than relatives who have known you longer than one year.

Name	Occupation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION:** High School or G.E.D.: \_\_\_\_\_ College/University: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Please describe any education, training, qualifications, or skills you think are relevant to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A job description detailing the functions and duties of the job for which you are applying is attached. Are there any functions or duties listed which you would be unable to perform? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the District's service if I have been employed.

In consideration of any employment, I agree to conform to the rules and regulations of the District. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the District or myself. I understand that no representative of the District except the Board of Directors has the authority to enter into any agreement for any specified time, or to make any agreement contrary to the foregoing.

I certify I have read all of this application and the information I have provided is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Additional information to this application, such as resumes, letters of support or copies of certifications may be submitted. Any materials submitted will not be returned to the applicant.

**Incomplete applications will not be considered.**