



PRE-SELECTION INFORMATION  
for  
**SCAPPOOSE FIRE DISTRICT**  
**DIVISION CHIEF OF OPERATIONS**

Send completed form with supporting documents to: PO Box 625, Scappoose OR 97056 or hand deliver to 52751 Columbia River Hwy. Scappoose Oregon, 97056 By October 30 2020 (During Business hours M-T 8AM-4:30PM)

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(Street) (City) (State, Zip)

3. Email Address: \_\_\_\_\_

6. Phone / Message:

▪ Home ( ) \_\_\_\_\_ - \_\_\_\_\_

▪ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

▪ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

▪ Text: Do you text with your phone? YES NO (Circle One)

▪ Computer: Do you have a Laptop or Access to one? YES NO (Circle One)

7. Do you currently meet the MINIMUM REQUIREMENTS set forth by the Scappoose Fire District job announcement? ☐ YES ☐ NO

8. If you answered NO, which items do you not possess?

REQUIREMENT	EXPLANATION

9. Do you have a current RÉSUMÉ that addresses the MINIMUM REQUIREMENTS? (Please attach)

10. Are you able to provide contact information for several reliable, current associates for preliminary recommendation or information about yourself? ☐ YES ☐ NO  
Provide associate contact information here.

NAME	CONTACT INFORMATION