



# SCAPPOOSE FIRE DISTRICT

## APPLICATION FOR SCAPPOOSE RURAL FIRE DISTRICT VOLUNTEER

The Scappoose Fire District considers applicants without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status or any other legally protected status.

Position Desired: Firefighter ☐ EMT ☐ Support ☐ Intern ☐ Date: \_\_\_\_\_  
(Check any that are desired)

Name:

LAST

FIRST

MIDDLE

Address:

STREET

CITY

STATE

ZIP

Home Phone:

Cell Phone:

### EDUCATION TRAINING RECORD

Education: List school & location	Type of Training or Major	Completion Date	Degree or Certificate

### LIST LICENSES OR CERTIFICATES

(Please submit a copy of any certifications or licenses listed below)

Title of license or Certificate	Number	Issuing Agency	Date issued Date expired

**SKILLS AND ABILITIES**

List any skills you have which are pertinent to the position. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**-give name, address and telephone number of three references who are not related to you and are not previous employers. Please include day time and evening phone numbers.

1

2

3

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for disqualification and/or dismissal. I authorize the appropriate investigations to verify the information contained.

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

\_\_\_\_\_  
Date

(FOR OFFICE USE ONLY)

Date application received: \_\_\_\_\_

by: \_\_\_\_\_

Oral Interview Date: \_\_\_\_\_

time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Chief's review: \_\_\_\_\_

Chief's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Accepted

☐ Denied

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

LIST ALL WORK EXPERIENCE INCLUDING VOLUNTEER, INTERN & MILITARY  
(ATTACH ADDITIONAL PAGES IF NECESSARY)

Name of present Employer	Kind of Business	Address & Phone #	

Job Title	Supervisor	Supervisor's Job Title	May we contact?

Job Duties

Name of previous Employer	Kind of Business	Address & Phone #	

Job Title	Supervisor	Supervisor's Job Title	May we contact?

Job Duties

Name of previous Employer	Kind of Business	Address & Phone #	

Job Title	Supervisor	Supervisor's Job Title	May we contact?

Job Duties

**AUTHORIZATION TO RELEASE INFORMATION**  
**(Personal Inquiry Waiver)**

**TO WHOM IT MAY CONCERN**

I respectfully request and authorize you to furnish the Scappoose Fire District with any and all information that you may have concerning me, my position and educational records, my reputation, any and all criminal records, including juvenile records (that have not been expunged) and photo copies of the same if possible, and my financial and credit status. Your cooperation in this reply will be used to assist the Fire District in determining my qualifications and fitness for the position I am seeking with the Scappoose Fire District.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
(Please print your full name)

\_\_\_\_\_  
Date of Birth

**Please attach a copy of your Drivers License**

\_\_\_\_\_  
Date

I hereby authorize the release of my Military Service Records to the Scappoose Fire District, Scappoose, Oregon.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Selective Service Number: \_\_\_\_\_

State of Oregon, County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
(Name of person)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Note: A photocopy reproduction of this request shall be for all intends and purposes as valid as the original. You may retain this form for your files.

**THIS FORM MUST BE NOTARIZED.**