

541-296-9445 Fax: 541-296-8656

APPLICATION FOR EMPLOYMENT

Mid-Columbia Fire & Rescue is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability, or other protected status or activity in accordance with applicable federal and state equal employment opportunity laws. If you require an accommodation to participate in our application process, please contact us at: jobs@mcfr.org

NAME		
ADDRESS_		
TELEPHONE (EMAIL		
POSITION APPLYING FOR		
DATE AVAILABLE FOR EMPLOYMENT		
Are you at least 18 years of age?	Yes	No 🗌
Have you ever been employed by the Mid-Columbia F&R	Yes	No 🗌
Are you employed now?	Yes	No 🗌
May we contact your present employer?	Yes	No 🗌
If yes, please give contact name and phone number:		
Are you eligible to work in the United States?	Yes 🗌	No 🗌
Position applied for		
For positions requiring driving only: Do you have a valid driver's license in this stat	e? Yes	No 🗌
License No		
Can you perform the essential functions of the job for which you are applying as description with or without reasonable accommodation?	cribed in the att	ached job
Are you available to work:		
FULL TIME ☐ PART-TIME ☐ OVERTIME ☐		



EDUCATION	
HIGH SCHOOL NAME	YEARS COMPLETED 9 10 11 12
COLLEGE NAME	YEARS COMPLETED 1 2 3 4
COURSE OF STUDY	
GRADUATE COLLEGE NAME	YEARS COMPLETED 1 2 3 4
COURSE OF STUDY	
POST-GRADUATE OR OTHER VOCATIONAL, TECHNICAL,	OR OTHER EDUCATION AND TRAINING: YEARS COMPLETED 1 2 3 4
COURSE OF STUDY	
experience, or other training or other activities relat	certifications, volunteer activities, military training or ed to the job you are seeking. For military veterans, please cansferrable skills obtained through military education or
experience that relate, directly or indirectly, to the po	



REFERENCES

NAME	OCCUPATION/RE	LATIONSHIP	YEA	RS KNOWI	N TE	LEPHONI	E
•					(_)	
					(_)	
					(_)	
EMPLOYMENT EX	PERIENCE						
b. If self-employed, giv nder another name, ple	ecent jobs (Specify if Volume company name and suppasse give the name(s). DO	ply business r NOT LEAVE	eferenc OUT A	es. If you	u work 88.	ed in a p	oosition
Employer		Supervisor	S Ivallic	;			
ddress							
					mo/yr –	- /	mo/y
elephone ()	nis Employer (attach additiona	Dates of Employ	ment: _		mo/yr –	/	mo/y
st all positions held with the	I	Dates of Employ	ment: sary):				
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ist all positions held with the four Job Positionour Job Position	nis Employer (attach additiona	Dates of Employ al sheets if necess From From From	ment: sary):/ //	mo/yr mo/yr mo/yr	To To To		_ mo/yr _ mo/yr



2. Employer	Supervisor's Name		
Address			
	Dates of Employment:/		/ mo/yr
List all positions held with this Employer (at	ttach additional sheets if necessary):		
Your Job Position	From/mo/	yr To/	mo/yr
Your Job Position	From/mo/	yr To/	mo/yr
Your Job Position	From/mo/	yr To/	mo/yr
What did you like most about your job(s)?			
Were you discharged from this employer? Y	Yes No		
3. Employer	Supervisor's Name_		
Address			
	Dates of Employment:/		/ mo/yr
List all positions held with this Employer (at	ttach additional sheets if necessary):		
Your Job Position	From/mo/	yr To/	mo/yr
Your Job Position	From/mo/	yr To/	mo/yr
Your Job Position	From/mo/	yr To/	mo/yr
What did you like most about your job(s)?			
What did you like least about your job(s)?			



Were you discharged from this employe	er? Yes 🗌 No 🗌					
If No, what was your reason for leaving						
4. Employer	Supervis	or's Nam	e			
Address						
Telephone ()	Dates of Empl	oyment: _	/	mo/yr	/_	mo/yr
List all positions held with this Employ	ver (attach additional sheets if nec	essary):				
Your Job Position	From_	/	mo/yr	To	/	_ mo/yr
Your Job Position	From_	/	mo/yr	To	/	_ mo/yr
Your Job Position	From_	/	mo/yr	То	/	mo/yr
What did you like most about your job(What did you like least about your job(
Were you discharged from this employe	er? Yes No No					
If No, what was your reason for leaving	g					
5. Employer	Supervis					
Address						
Telephone ()	Dates of Empl	oyment: _	/	mo/yr	/_	mo/yr
List all positions held with this Employ	ver (attach additional sheets if nec	essary):				
Your Job Position	From_	/	mo/yr	То	/	_ mo/yr
Your Job Position	From_	/	mo/yr	To	/	_ mo/yr
Your Job Position	From	/	mo/vr	То	/	mo/vr



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What did you like most about your job(s)?		
What did you like least about your job(s)?		
Were you discharged from this employer? Yes	No 🗌	
If No, what was your reason for leaving		

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETE, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

By:	Signature of Applicant Date
	eve read, understand and agree with all of the above statements.
4.	I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with Mid-Columbia Fire & Rescue, and that no representative of Mid-Columbia Fire & Rescue has any authority to change my at-will employment status or to otherwise enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed and dated by the Fire Chief for Mid-Columbia Fire & Rescue. Please initial: Please initial:
	Please initial:
3.	I understand that if I am hired I will be responsible for complying with all policies and rules of Mid-Columbia Fire & Rescue as they presently exist or are later modified. I also understand that except as otherwise provided in a collective bargaining agreement applicable to my employment or a written employment agreement signed by the Fire Chief, my employment with the Mid-Columbia Fire & Rescue will be terminable at-will for any reason and at any time without notice, at the option of the employer or myself, except as prohibited by applicable law.
	laws.
2.	I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am being hired and consistent with applicable
	Please initial:
1.	All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize Mid-Columbia Fire & Rescue to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

NOTE: This application is valid only for the position applied for. To be considered for other job openings, you must submit a new application. Also, if you want to be considered for other job openings, you must submit an application for each specific job.



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Mid-Columbia Fire & Rescue Veteran's Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully and check the box for each item that applies to you. If you need further explanation or have special circumstances, please call the Assistant Chief at 541-296-9445.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION <u>MUST</u> BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

active duty with the Armed Forces of the United States:
For a period of more than 90 consecutive days beginning on or before January 31, 1955 and was discharged or
released under honorable conditions, or
For a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released
from active duty under honorable conditions, or
For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
For 178 days or less and was discharged or released from active duty under honorable conditions and have a disability
rating from the United States Department of Veterans Affairs, or
For at least one day in a combat zone and was discharged or released from active duty under honorable conditions, or
I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States
and was discharged or released from activity duty under honorable conditions; or
I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.
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the next page for applicable definitions.
ED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one and provide proof of eligibility by submitting both of the documents listed below: opy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and ublic employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public ployment preference letter.
I have a disability rating through the United States Department of Veterans Affairs; or I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or I was awarded the Purple Heart for wounds received in combat.

Updated 4-06-2023 8



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I hereby claim veteran's preference points and cer statements may be cause for my disqualification of	tify that the above information is true and correct. I understand that any false r dismissal, regardless of when discovered.
Print Name	Service Number
Signature of Applicant Date	
Position Applied For	

DEFINITIONS

<u>Armed Forces</u> means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air Force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

<u>Active duty</u> does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

<u>Combat zone</u> means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
- (B) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
- (C) For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions;
- (D) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
- (E) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
- (F) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions:
- (b) Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or
- (c) Is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

<u>Disabled veteran</u> means a person who has a disability rating from the United States Department of Veterans Updated 4-06-2023



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Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.

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