

# Joint District Affiliation Form



## Canby Fire District and Molalla Fire District

---

**THIS FORM IS ONLY AVAILABLE TO APPLICANTS AFFILIATED WITH ANY OF THE ABOVE PARTICIPATING AGENCIES**

Candidate Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Fire Chief: \_\_\_\_\_

To whom it may concern:

The above candidate has been affiliated with our agency since \_\_\_\_\_,  
(Month, Day, Year)

As of the closing date on the job announcement being applied for, resulting in \_\_\_\_\_ years of service.

This candidate has been in good standing and would be eligible to participate in the testing process and receive the appropriate points per current civil service rules and regulations.

\_\_\_\_\_  
Fire Chief Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date