

# Joint District Affiliation Form



**Aurora Fire District \* Canby Fire District \* Hubbard Fire District  
Molalla Fire District \* Woodburn 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\*.

*\*Any time served within a calendar year will be equivalent to a full year of service for the purpose of  
this form.*

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