

MULTI-AGENCY EMPLOYMENT APPLICATION



Send Completed Application Packet

Electronically to:

applications@canbyfire.org

Subject: Application Packet_[your last name]

EQUAL OPPORTUNITY EMPLOYERS

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applying For: EMT Paramedic

Type or print in ink; answer all questions completely; sign legal name on last page.

Full Name: _____ (Last) _____ (First) _____ (Middle)

Present Address: _____ How Long? _____
(Street) (City) (Zip)

Previous Address: _____ How Long? _____
(Street) (City) (Zip)

Email Address: _____

Telephone number where you can be reached during the day: _____

To leave a message contact: _____
(Name) (Phone Number)

Birthdate (only if under 18): _____

If hired you will be required to provide proof of identity and employment eligibility to work in the U.S. Will you be able to provide this information?

Yes

No

EDUCATION and FORMAL TRAINING

	Elementary School					High School				Undergraduate Business / Trade School College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
GED / Diploma / Degree						Yes		No		Yes		No		Yes		No	
State any additional educational or academic information you feel may be helpful to us in considering your application																	

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment, coursework, seminars or other experience. Include any specialized training, apprenticeship, skills and extra-curricular activities.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include all job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

May we contact your present employer? Yes No

1	Employer		Dates Employed		Work Performed
			From (mo. / Year)	To (mo. / Year)	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					

2	Employer		Dates Employed		Work Performed
			From (mo. / Year)	To (mo. / Year)	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					

3	Employer		Dates Employed		Work Performed
			From (mo. / Year)	To (mo. / Year)	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					

4	Employer	Dates Employed		Work Performed
	Address	From (mo. / Year)	To (mo. / Year)	
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				

5	Employer	Dates Employed		Work Performed
	Address	From (mo. / Year)	To (mo. / Year)	
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				

6	Employer	Dates Employed		Work Performed
	Address	From (mo. / Year)	To (mo. / Year)	
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Explain any breaks of six months or more in your work experience.

ADDITIONAL INFORMATION

Have you ever been disciplined in writing or verbally for attendance related problems on-the-job. Yes No

If yes, please explain.

If you are a military veteran, would you like to use military veteran points for this hiring process? Yes No

What languages do you speak and write fluently?

Does your driving record display any convictions that you would like us to know about?

Canby and Molalla Fire Districts are equal employment opportunity employers and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, expunged juvenile record, family relationship, mental or physical disability, or veteran's status. Canby and Molalla Fire Districts prohibit harassment of any employees including employees in these protected classes.

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a position will be interviewed.

I hereby authorize Canby and Molalla Fire Districts to contact former employers and references regarding my previous experience and training. Furthermore, I agree no person or agency will be held liable for such information.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentations which becomes known to Canby and Molalla Fire Districts in the future, will be cause for immediate termination.

In consideration of my employment, I agree to conform to the rules and regulations of Canby and Molalla Fire Districts.

My signature below indicates the information presented is correct and that I agree to the conditions stated on this application.

Signature: _____

Date: _____