



**RODNEY LINZ**  
FIRE CHIEF

# BANKS FIRE DISTRICT #13

13430 N.W. Main Street, Banks, OR 97106 (503) 324-6262 FAX (503) 324-0523 [www.banksfire.org](http://www.banksfire.org)

## Volunteer Application

Banks Fire District #13 provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

**IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.**

Position		
Position Applying For	Available Start Date	

Personal Information			
Name			
Address	City	State	Zip
Phone Number	Mobile Number	Email Address	
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (Proof of identity will be required upon employment)			

Education <span style="float: right;">List any colleges, military, trade, business or other schools attended.</span>				
Do you have a high school diploma or GED Certificate? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?

<b>Certificates &amp; Licenses</b> List professional license, registration, or certificate required or preferred for position.			
Type	Issuing Agency	Date Issued	Date Expires

<b>Employment History</b>			
<p>This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.</p>			
<b>Employer (1)</b>		Job Title	Dates Employed (from-to)
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
<b>Duties</b>			
<b>Employer (2)</b>		Job Title	Dates Employed (from-to)
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
<b>Duties</b>			
<b>Employer (3)</b>		Job Title	Dates Employed (from-to)
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
<b>Duties</b>			

<b>Employer (4)</b>	Job Title		Dates Employed (from-to)	
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
<b>Duties</b>				

References	
Name: _____	Title: _____
Company: _____	Relationship to you: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Company: _____	Relationship to you: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Company: _____	Relationship to you: _____
Phone: _____	Email: _____

Certification & Signature
<p>I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.</p> <ul style="list-style-type: none"> <li>• I certify that all statements contained herein are true and complete.</li> <li>• I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.</li> <li>• I authorize the employing agency to verify the employment and education information provided in this employment application.</li> <li>• I authorize my driving record to be checked if the position for which I am applying requires driving.</li> <li>• I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.</li> <li>• I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No Explanation: _____</li> </ul> </li> </ul> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>

## **Veterans' Preference Form (ORS 408.230)**

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

**Qualified Veteran Questions:** *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

**ORS 408.225(f)** – I served on 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
- 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
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
- For a period of 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
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And 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
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

**Qualified Disabled Veteran Questions:** *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by 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.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

**Signature:** \_\_\_\_\_

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

**Position Applied For:** \_\_\_\_\_

Please answer the following questions.

Do you have any previous Fire or EMS experience?    Yes    No    Please explain in detail below.

Why do you want to become a volunteer firefighter?

Why did you choose to apply with the Banks Fire District?

How did you hear about the Banks Fire District?

What are your goals with the District?

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

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



TESTING SERVICES, INC.

APPLICANT DISCLOSURE AND AUTHORIZATION FORM (IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

{Employer} ("The Company") may obtain information about you from a consumer reporting agency for employment purposes, Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current positions, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 (their privacy policy can be reviewed at http://www.clearstar.net/privacy-policy/including information about including whether your personal information will be sent outside the United States or its territories. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now an throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports "by the Company at any time after receipt of the authorization and throughout my employment, if applicable, I agree that a facsimile (:fax), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Prospective Employer (Company): \_\_\_\_\_

Applicant's Full Name (Print): \_\_\_\_\_ Last First Middle Suffix (Sr., Jr.)

Previous Name Used: \_\_\_\_\_ Last First Middle Suffix (Sr., Jr.)

(Only if MVR is required)

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (For Verification Only) Month Day Year

Current Address: \_\_\_\_\_ Street Address (Apt.) \_\_\_\_\_ City State Zip Code

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act. I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time. \* This information will be used for background screening purposes only and will not be used for any other purpose.

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