Sisters-Camp Sherman Fire District

Employment Application

Sisters-Camp Sherman Fire District 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, 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.

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		Today's date		
Personal Information	าท						
Name	511						
Address		City		State	Zip		
Phone Number	ne Number Mobile Number Email Address						
A 11							
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No (Proof of identity will be required upon employment)							
Education	List any co	olleges, milita	ry, trade,	business or other school	ols attended.		
Do you have a high school o	liploma or GED Cert	ificate? Yes	□ No □				
School Name		Location		Diploma/Degree	Major/Minor		Did you Graduate?
Certificates & Licen	SAS List profe	essional licens	se, registra	ation, or certificate requ	uired or preferred	l for p	osition.
	363				T		
Туре	pe Issuing A		ng Agency		Date Issued		Date Expires
					•		
If you need more ro	om for certific	cates and	license	s, please attach t	o this applica	ation	

Revised 5-2019

Sisters-Camp Sherman Fire District

Employment History				
This information in this section will be used to determine if you meet the				
describe all your duties, starting with your most recent job. Resumes wil				nt and will not be
Employer (1)	accepted in place of a completed application. If you need additional space, attach a se		Dates Employed (from-to)	
Linployer (1)		2333 2		, , ,
Address	City	State		Zip
Supervisor Name	Phone Number	May we contact?		
		Yes □ No □		
Reason for leaving				
Duties				
Duties				
Employer (2)	ployer (2) Job Title		Dates Employed (from-to)	
Address	City	State		Zip
7.44.000	J. C. C.	OR		
Supervisor Name	Phone Number	May we contact?		
		Yes □ No □		_
Reason for leaving				
Duties				
Employer (3)	Job Title		Dates Employed (from-to)	
Linployer (3)			'	, , ,
Address	City	Ctata		7:
Address	City	State		Zip
Supervisor Name	Phone Number	May we contact?		
Supervisor Name	Filone Number	Yes No No		
Reason for leaving			105 🗀 1101	
neason for leaving				
Duties				

Sisters-Camp Sherman Fire District

Employer (4)	Job Title		Dates Employed (from-to)			
Address	City	State	Zip			
Supervisor Name	Phone Number	May we	May we contact? Yes □ No □			
Reason for leaving						
Duties						
References						
Name:	Title:					
Company:		tionship to you:				
Phone:	Email:					
Name:	Title:					
Company:		ationship to you:				
Phone:	Email:					
Name:	Title:					
Company:	Relationship to you:	tionship to you:				
Phone:	Email:					
Certification & Signature						
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.						
 I certify that all statements contained herein are true and complete. 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. 						
 I authorize the employing agency to verify the employ application. 	ment and education informa	tion provide	d in this employment			
 I authorize my driving record to be checked if the position for which I am applying requires driving. 						
 I understand and agree to be subjected to a pre-emplo applicable. 	oyment drug screening and c	riminal histo	ry background check, if			
 I am able to perform the essential duties of this position Yes 	·					
o No Explanation:						
Signature:	Date:					