

REFERENCES

PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, BUT WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS WITH ZIP	PHONE NUMBER	OCCUPATION	YEARS KNOWN
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1: _____

2: _____

3: _____

EDUCATION AND TRAINING

PROVIDE FURTHER INFORMATION ON ALL GRAMMAR SCHOOLS, HIGH SCHOOLS, COLLEGES, AND TRADE SCHOOLS ATTENDED.

SCHOOL NAME	FULL ADDRESS	PHONE NUMBER	YEARS ATTENDED	DID YOU GRADUATE?
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DESCRIBE ANY TRAINING OR VOLUNTEER WORK THAT IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

WORK EXPERIENCE & FORMER EMPLOYERS

PROVIDE COMPLETE INFORMATION. BE SPECIFIC. START WITH YOUR MOST CURRENT OR RECENT JOB, AND GO BACK AT LEAST TEN YEARS. INCLUDE SELF-EMPLOYMENT, MILITARY EXPERIENCE, & VOLUNTEER POSITIONS. EXPLAIN GAPS IN WORK HISTORY. ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER:

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

NAME OF SUPERVISOR:

YOUR TITLE:

YOU'RE DUTIES:

RATE OF PAY:

TOTAL TIME EMPLOYED:

FROM:

TO:

REASON FOR LEAVING:

EMPLOYER:

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

NAME OF SUPERVISOR:

YOU'RE TITLE:

YOU'RE DUTIES:

RATE OF PAY:

TOTAL TIME EMPLOYED:

FROM:

TO:

REASON FOR LEAVING:

EMPLOYER: _____
EMPLOYER ADDRESS: _____
EMPLOYER PHONE NUMBER: _____
NAME OF SUPERVISOR: _____
YOU'RE TITLE: _____
YOU'RE DUTIES: _____

RATE OF PAY: _____
TOTAL TIME EMPLOYED: _____
FROM: _____ TO: _____
REASON FOR LEAVING: _____

EMPLOYER: _____
EMPLOYER ADDRESS: _____
EMPLOYER PHONE NUMBER: _____
NAME OF SUPERVISOR: _____
YOU'RE TITLE: _____
YOU'RE DUTIES: _____

RATE OF PAY: _____
TOTAL TIME EMPLOYED: _____
FROM: _____ TO: _____
REASON FOR LEAVING: _____

EMPLOYER: _____
EMPLOYER ADDRESS: _____
EMPLOYER PHONE NUMBER: _____
NAME OF SUPERVISOR: _____
YOU'RE TITLE: _____
YOU'RE DUTIES: _____

RATE OF PAY: _____
TOTAL TIME EMPLOYED: _____
FROM: _____ TO: _____
REASON FOR LEAVING: _____

**PRINT YOUR RESPONSE TO THE FOLLOWING QUESTION IN THE SPACE BELOW,
LIMIT YOUR RESPONSE TO ONE PAGE.**

**WHY DO YOU WISH TO JOIN OREGON AREA FIRE /EMS AND, WHAT CAN YOU OFFER
OUR ORGANIZATION?**

Empty response area for the applicant's answer to the question: "WHY DO YOU WISH TO JOIN OREGON AREA FIRE /EMS AND, WHAT CAN YOU OFFER OUR ORGANIZATION?"

AUTHORIZATION, RELEASE, AND CERTIFICATION

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I WILLFULLY WITHHOLD INFORMATION OR MAKE FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION IT MAY RESULT IN REJECTION OF MY APPLICATION OR, IF EMPLOYED, MY IMMEDIATE DISMISSAL.

I HEREBY GIVE PERMISSION TO THE EMPLOYER TO SEEK TO VERIFY AND SUPPLEMENT THE INFORMATION SET FORTH IN THE APPLICATION. I RELEASE FROM LIABILITY OR LEGAL CLAIMS EVERY PERSON SEEKING OR PROVIDING INFORMATION, WHETHER ORAL OR WRITTEN. A PHOTOCOPY OF THIS RELEASE SHALL BE VALID AS THE ORIGINAL, AND MAY BE RELIED UPON BY ALL PERSONS PROVIDING INFORMATION.

I UNDERSTAND THIS APPLICATION WILL BE CONSIDERED INACTIVE AFTER THIRTY DAYS.

I CERTIFY I HAVE READ (OR HAVE HAD READ TO ME) AND UNDERSTAND THIS AUTHORIZATION, RELEASE, AND CERTIFICATION.

DATE: _____ APPLICANT'S SIGNATURE: _____

PLEASE RETURN TO:

OREGON AREA FIRE/EMS DISTRICT
131 SPRING STREET
OREGON, WI 53575

(608) 835-5587