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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
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?

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.

<u>EMPLOYER:</u> _____	
<u>EMPLOYER ADDRESS:</u> _____	
<u>EMPLOYER PHONE NUMBER:</u> _____	
<u>NAME OF SUPERVISOR:</u> _____	
<u>YOUR TITLE:</u> _____	
<u>YOU'RE DUTIES:</u> _____ _____ _____ _____	
<u>RATE OF PAY:</u> _____	
<u>TOTAL TIME EMPLOYED:</u> _____	
<u>FROM:</u>	<u>TO:</u>
<u>REASON FOR LEAVING:</u> _____ _____	

<u>EMPLOYER:</u> _____	
<u>EMPLOYER ADDRESS:</u> _____	
<u>EMPLOYER PHONE NUMBER:</u> _____	
<u>NAME OF SUPERVISOR:</u> _____	
<u>YOU'RE TITLE:</u> _____	
<u>YOU'RE DUTIES:</u> _____ _____ _____ _____	
<u>RATE OF PAY:</u> _____	
<u>TOTAL TIME EMPLOYED:</u> _____	
<u>FROM:</u>	<u>TO:</u>
<u>REASON FOR LEAVING:</u> _____ _____	

<u>EMPLOYER:</u>
<u>EMPLOYER ADDRESS:</u>
<u>EMPLOYER PHONE NUMBER:</u>
<u>NAME OF SUPERVISOR:</u>
<u>YOU'RE TITLE:</u>
<u>YOU'RE DUTIES:</u>

<u>RATE OF PAY:</u>
<u>TOTAL TIME EMPLOYED:</u>
<u>FROM:</u> _____ <u>TO:</u> _____
<u>REASON FOR LEAVING:</u>

<u>EMPLOYER:</u>
<u>EMPLOYER ADDRESS:</u>
<u>EMPLOYER PHONE NUMBER:</u>
<u>NAME OF SUPERVISOR:</u>
<u>YOUR TITLE:</u>
<u>YOU'RE DUTIES:</u>

<u>RATE OF PAY:</u>
<u>TOTAL TIME EMPLOYED:</u>
<u>FROM:</u> _____ <u>TO:</u> _____
<u>REASON FOR LEAVING:</u>

**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?**

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.

APPLICANT'S SIGNATURE:

DATE:

PLEASE RETURN TO:

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

(608) 835-5587