



**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.

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 BECOME AN INTERN WITH OREGON AREA FIRE / EMS DISTRICT?  
WHAT CAN YOU OFFER OUR ORGANIZATION?**

Empty response box for the applicant's answer.

**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