POLK COUNTY FIRE DISTRICT NO.1

APPLICATION FOR EMPLOYMENT

1800 Monmouth St. Independence, OR 97351
Phone: 503-838-1510
Fax: 503-838-1235
www.polk1.org

POSITION APPLYING FOR:_____

Polk County Fire District No.1 is an equal opportunity employer and does not unlawfully discriminate on basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law.

INSTRUCTIONS: All pages of this application must be completed.

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

MAILING ADDRESS: (if different) _____

CITY, STATE:_____ **ZIP:** _____

EMAIL:_____

Home Phone:_____ **Cell Phone:** _____

EDUCATION HISTORY:

School	Name & Location	Course of Study	Years Completed	Degree/Diploma
High School or GED				
College				
Graduate				
Business				
Trade				

ADDITIONAL TRAINING: List any other relevant education or certifications, special training, skills, languages or other special job-related skills you may have that are pertinent to the position for which you are applying.

_____

_____

_____

❑ I am seeking veteran or disabled veteran preference.
To verify and to claim your veteran status, please attach your DD 214/215 to your application before the close date of the recruitment. To use disabled veteran preference, you may need to also provide a copy of your veteran's disability preference letter from the U.S. Department of Veterans Affairs, unless the information is already included in the DD 214/215. Please remember to redact your social security number information on the copy of the form you will be attaching.

EMPLOYMENT HISTORY:

Beginning with your present or most recent job, describe your work experience, including all non-paid or volunteer work. List any other prior experience related to the duties of the position for which you are applying.

Employer: _____

Address: _____

Supervisors Name: _____ **Telephone #** _____

Your title: _____ **From:** _____ **To:** _____

Duties: _____

_____

Reason for leaving: _____

May we contact your supervisor/employer? ☐ YES ☐ NO

Employer: _____

Address: _____

Supervisors Name: _____ **Telephone #** _____

Your title: _____ **From:** _____ **To:** _____

Duties: _____

_____

Reason for leaving: _____

May we contact your supervisor/employer? ☐ YES ☐ NO

Employer: _____

Address: _____

Supervisors Name: _____ **Telephone #** _____

Your title: _____ **From:** _____ **To:** _____

Duties: _____

_____

Reason for leaving: _____

May we contact your supervisor/employer? ☐ **YES** ☐ **NO**

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, community involvement, employment or other activities related to the job you are seeking.

_____

_____

_____

REFERENCES:

Please give three references, not relatives or former employers.

Name: _____ Phone Number: _____

Occupation: _____ Email: _____

Name: _____ Phone Number: _____

Occupation: _____ Email: _____

Name: _____ Phone Number: _____

Occupation: _____ Email: _____