**SILETZ VALLEY FIRE DISTRICT**

**OFFICE ADMINISTRATOR APPLICATION**

**INSTRUCTIONS**

* Please print legibly or type your answers
* Answer each question fully and accurately
* If you need additional space, continue your answers(s) on a separate sheet of paper
* No action can be taken on this application if it is incomplete and unanswered
* If the application packet is not complete, you will not be considered for the interview process
* Do not sign the application digitally
* Application packet will not be accepted electronically

**APPLICATIONS SUBMITTAL**

Candidates must include the following items in their application packet:

* Cover Letter
* Resume
* Employment Application

All required documentation, questions and requests for reasonable accommodations must be received

Send applications to the address below:

**Mail to**: Siletz Valley Fire District **FedEx or in person**: Siletz Valley Fire District

Attn: Office Administrator Attn: Office Administrator

PO Box 380 149 W Buford Ave.

Siletz, Oregon 97380 Siletz, OR 97380

**SILETZ VALLEY FIRE DISTRICT**

**EMPLOYMENT APPLICATION**

Answer each question fully and accurately. If you need additional space, continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. **PLEASE PRINT LEGIBLY OR TYPE**

**POSITION APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME: | Last | | First | | MI | |
| ADDRESS: | Street | | Apt# | City | State OR | Zip |
| Home #: | | Work #: | | Cell or Alternate #: | | |
| Email Address: | | | | | | |
| May We Contact Your Current Employer?  Yes  No | | | | | | |

**EMPLOYMENT ELIGIBILITY**

|  |
| --- |
| Are You Over The Age Of 18?  Yes  No  Are You Legally Eligible For Employment In The United States?  Yes  No |
| Successful applicants will be required to prove identity and eligibility for employment by providing the required documentation to complete an I-9 form. |

**RELATIVES & FRIENDS**

|  |
| --- |
| Some positions may not be held by certain individuals to avoid the possibility of conflicts of interest. Qualified relatives and/or friends are eligible for employment except in those unusual situations (for example, where they would be placed in a supervisor-subordinate relationship). The fire district does not discriminate against applicants or employees, unless required to do so by the reasonable demands of the position (a bona fide occupational qualification). Marital status includes whether a person is married, divorced, separated, or single, and the identity and occupation of a person’s spouse. It is the intention of the fire district to comply with Oregon law which prohibits employers from discriminating against an individual solely because another member of that person’s family works or has worked for that employer. |
| Do You Have Any Relatives Who Currently Work For Us?  Yes  No |
| If Yes, Please State His / Her Name(s): |

**SILETZ VALLEY FIRE DISTRICT**

**EMPLOYMENT APPLICATION (CONT)**

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Check Last Grade Completed: 1  2  3  4  5  6  7  8  9  10  11  12 | | | |
| Do You Have A High School Diploma Or Equivalency?  Yes  No | | | School: |
| College: 13  14  15  16  17  18  19  20 | | Other (Number Of Years): | |
| Please list below any education, training and / or specialized experience such as schools, colleges, degrees, licenses, vocational, technical, or military experience, etc. | | | |
| **Degrees, licenses, relevant education, or training** | **Where did you acquire it (name & address) of school, program, military branch and specialty, etc.** | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |

**FIRE & EMS SERVICE EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| Please provide details of your structural fire & EMS experience (if applicable): | | |
| State of Oregon EMS License:  Yes  No | Certification # & Level: | Expiration Date: |
| Nationally Registered EMS License:  Yes  No | Certification # & Level: | Expiration Date: |
| Please provide details of your Experience: | | |

**SILETZ VALLEY FIRE DISTRICT**

**EMPLOYMENT APPLICATION (CONT)**

**DRIVING POSITIONS**

|  |
| --- |
| Do You Have A Valid Driver’s License?  Yes  No |
| Have You Ever Been CONVICTED, Pled GUILTY, NO CONTEST, Or FORFEITED BOND OR BAIL For Any Traffic Violations In The Past Three Years? |
| Yes  No |
| If Yes, Please Explain: |

**REFERENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provide Three References (Not Relatives Or Former Employers): | | | | |
|  | NAME | ADDRESS | PHONE | OCCUPATION |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**SILETZ VALLEY FIRE DISTRICT**

**EMPLOYMENT APPLICATION (CONT)**

|  |  |  |  |
| --- | --- | --- | --- |
| List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and business references. If you worked in any of the positions under another name, please give name(s). **Please give month and year and attach additional sheet(s) if more space is needed** | | | |
| 1. | Employer: | | |
|  | Address: | | Phone: |
|  | Supervisor: | | Title: |
|  | Job Title: | From: | To: |
|  | May We Contact This Employer: Yes  No | | |
|  | Description of Duties: | | |
|  |  | | |
|  | Reasons for Leaving: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | Employer: | | |
|  | Address: | | Phone: |
|  | Supervisor: | | Title: |
|  | Job Title: | From: | To: |
|  | May We Contact This Employer: Yes  No | | |
|  | Description of Duties: | | |
|  |  | | |
|  | Reasons for Leaving: | | |

**SILETZ VALLEY FIRE DISTRICT**

**EMPLOYMENT APPLICATION (CONT)**

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Employer: | | |
|  | Address: | | Phone: |
|  | Supervisor: | | Title: |
|  | Job Title: | From: | To: |
|  | May We Contact This Employer: Yes  No | | |
|  | Description of Duties: | | |
|  |  | | |
|  | Reasons for Leaving: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. | Employer: | | |
|  | Address: | | Phone: |
|  | Supervisor: | | Title: |
|  | Job Title: | From: | To: |
|  | May We Contact This Employer: Yes  No | | |
|  | Description of Duties: | | |
|  |  | | |
|  | Reasons for Leaving: | | |

**SILETZ VALLEY FIRE DISTRICT**

**EMPLOYMENT APPLICATION (CONT)**

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I have had an opportunity to have my questions about this statement’s content and intent answered and understand its terms.

**VERIFICATION AND SIGNATURE**

|  |
| --- |
| 1. I authorize the investigation of all matters Siletz Valley Fire District deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release Siletz Valley Fire District from all liability, which might result from making the investigation. 2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered. 3. I understand that I may be required to submit to pre-employment or post-employment physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Siletz Valley Fire District’s expense. I authorize release of the results to Siletz Valley Fire District and their use to evaluate my suitability for employment. I also release Siletz Valley Fire District from all liability arising out of or connected with the examinations and/or testing. 4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand the Fire Chief is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts signed by both parties. I also understand that unless otherwise stated in an employment contract Siletz Valley Fire District may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate. 5. I have read each of these statements. I have had an opportunity to have my questions about this statement’s content and intent answered and understand its terms. I have also reviewed all of the information provided in this application and in any supporting documents.Yes  No   *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Signature Date |
|  |

**SILETZ VALLEY FIRE DISTRICT**

**EVALUATION SHEET**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following documentation in order:**

Cover Letter

Resume

Employment Application

Any additional documentation, certifications, licenses, etc.

|  |
| --- |
| **For Office Use Only**  Date/Time Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Review signatures & certification that candidate meets minimum requirements |
| Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |