

CANNON BEACH FIRE DISTRICT
188 Sunset Blvd
PO Box 24
Cannon Beach, OR 97110
503-436-2949

Date Received: _____

EMPLOYMENT APPLICATION

Thank you for applying with Cannon Beach Fire Protection District. Please answer all questions to the best of your ability. We welcome resumes; however, please complete all portions of this application form.

PLEASE PRINT CLEARLY

NAME (LAST, FIRST, MIDDLE) _____	
ALIAS OR OTHER NAME USED: _____	
HOME ADDRESS: _____	
MAILING ADDRESS: _____	
HOME TELEPHONE #: _____	SECONDARY TELEPHONE #: _____
E-MAIL ADDRESS: _____	
ARE YOU A RESIDENT OF CANNON BEACH FIRE DISTRICT? _____	
IF SO, HOW LONG HAVE YOU RESIDED IN THE CANNON BEACH FIRE DISTRICT: _____	
PLEASE LIST FIVE (5) YEAR RESIDENCE HISTORY:	

EDUCATION AND TRAINING		
HIGH SCHOOL GRADUATE OR G.E.D. CERTIFICATE? ____ Yes ____ No		
If NO, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12		
COLLEGES, VOCATIONAL/TECHNICAL SCHOOLS	CREDITS	CERTIFICATE OR DEGREE
_____	_____	_____
_____	_____	_____
LICENSES AND CERTIFICATES (Please attach copies of certificates)		
DESCRIPTION	ISSUED BY	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
ADDITIONAL KNOWLEDGE, SKILLS AND ABILITIES		
Please list any additional knowledge, skills or abilities that you believe would be beneficial to Cannon Beach Fire District:		

ARE YOU NOW OR HAVE BEEN EMPLOYED OR AFFILIATED WITH A FIRE DEPARTMENT? ____ Yes ____ No		
DATES: _____	DEPARTMENT? _____	
DATES: _____	DEPARTMENT? _____	
DATES: _____	DEPARTMENT? _____	

GENERAL INFORMATION:

U.S. MILITARY SERVICE:

BRANCH: _____

DATES OF SERVICE: FROM: _____ TO: _____

SOCIAL SECURITY NO. _____ BIRTHDATE: ____/____/____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

ARE YOU A US CITIZEN? _____ Yes _____ No

If you are not a US Citizen, are you allowed to work in the US without restriction? _____ Yes _____ No

CONVICTION:

HAVE YOU BEEN CONVICTED OF A FELONY OR SERVED TIME IN PRISON DURING THE LAST SEVEN YEARS? _____ Yes _____ No (Conviction is not an automatic bar to membership. Each case is considered separately.)

IF YES, PROVIDE INFORMATION REGARDING DATE, CHARGE, PLACE, AND ACTION TAKEN.

EMPLOYMENT RECORD: Begin with current/most recent employment.

From: ____/____/____	Title: _____	Employer: _____
To: ____/____/____	Duties: _____	Address: _____
Salary: _____ per _____	_____	Supervisor's Name/Title: _____
Hours per Week: _____	_____	Telephone: _____
# of employees supervised: _____	_____	Reason for Leaving: _____
		May we contact this employer? _____

From: ____/____/____	Title: _____	Employer: _____
To: ____/____/____	Duties: _____	Address: _____
Salary: _____ per _____	_____	Supervisor's Name/Title: _____
Hours per Week: _____	_____	Telephone: _____
# of employees supervised: _____	_____	Reason for Leaving: _____
		May we contact this employer? _____

From: ____/____/____	Title: _____	Employer: _____
To: ____/____/____	Duties: _____	Address: _____
Salary: _____ per _____	_____	Supervisor's Name/Title: _____
Hours per Week: _____	_____	Telephone: _____
# of employees supervised: _____	_____	Reason for Leaving: _____
		May we contact this employer? _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering your application with Cannon Beach Fire District.

- 1. Sex (check one): Male Female

- 2. Race/Ethnicity – Please check the one category which best describes your recognition in your community:
 - American Indian/Alaskan – includes persons who identify themselves or are known as such by virtue of tribal association.
 - Asian/Pacific Islander – includes persons of Japanese, Chinese, Korean, or Filipino descent
 - Black/African American – includes persons of African descent, as well as those identified as Jamaican, Trinidadian, and West Indian descent
 - Hispanic/Latino – includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent
 - White/Caucasian - includes persons of Indo-European descent, including Pakistani and East Indian persons
 - Other – includes Malayan, Thais, and others not covered above.

- 3. Do you have a disability? Yes No If yes, please check the type of impairment you have:
 - Hearing
 - Mobility
 - Visual
 - Mental
 - Multiple Disabilities
 - Other (specify): _____

- 4. Veteran Status: Check the one (1) box that best describes your veteran status:
 - Disabled Vietnam Era Veteran
 - Disabled Veteran of Other Campaign or War Era
 - Other Disabled Veteran
 - Vietnam Era Veteran
 - Veteran of Other Campaign or War Era
 - Other Veteran

Cannon Beach Rural Fire Protection District is an equal opportunity agency. It is the policy of Fire District not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race or creed, color, religion, national origin, sexual orientation, covered veteran status, marital status, handicapping condition, political affiliation, pregnancy, gender identity or age.

If you are accepted on Cannon Beach Rural Fire Protection District, would you be willing to submit to any job-related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied? Yes No

In your opinion, are you able to perform the essential functions of the position to which you have applied with or without reasonable accommodations? Yes No

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for the position of Administrative Assistant and may result in termination. I understand that this information may be subject to verification.

Print Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____