



Cannon Beach Rural Fire Protection District



OCEAN LIFEGUARDS

Lead Lifeguard – \$23.00 dollars per hour
Seasonal Lifeguard – \$17.00 - \$22.00 dollars per hour

Continuous Recruitment

Application materials can be obtained by emailing klyu@cbfire.com

Application Packet

APPLICATION PROCESS

The application packet you return should include the following information:

___ Employment Application (pg. 3-5)

___ Signed Applicant's Statement (pg. 6)

___ Acknowledgement and Authorization for Background Check (pg. 7-9)

___ Driving Record Release for Washington State Licenses Only (pg. 10)

___ Resume (optional)

___ Photocopy of applicable certifications and driver license

___ Swim Assessment (Pool and Ocean)

RETURN COMPLETED APPLICATIONS TO:

By Mail:

Cannon Beach Fire District
Attn: Lifeguard Application
PO Box 24
Cannon Beach, OR 97110

In Person Deliver:

Cannon Beach Fire District
Attn: Lifeguard Application
188 Sunset Blvd.
Cannon Beach, OR 97110

By Email:

klyu@cbfire.com

CANNON BEACH FIRE DISTRICT

Date Received: _____

**188 Sunset Blvd
PO Box 24
Cannon Beach, OR 97110
503-436-2949**

EMPLOYMENT APPLICATION

Thank you for applying with Cannon Beach Rural 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? _____

GENERAL INFORMATION:

U.S. MILITARY SERVICE:

BRANCH: _____

DATES OF SERVICE: FROM: _____ TO: _____

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

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 Other
- 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 hired with Cannon Beach Rural Fire Protection District, would you be willing to submit to any job-related medical exams, physical agility 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

This position requires the applicant to work outdoors in every type of climate and weather condition. The work is repetitive and physically demanding. They may lift and carry heavy objects, and stoop, kneel, crouch or crawl in awkward positions. The applicant may be exposed to harmful materials or chemicals, fumes, odors, loud noises or dangerous machinery. The applicant may also be exposed to the morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets of results of human behavior. Cannon Beach Rural Fire Protection District strongly suggests consulting with your personal physician before applying.

Cannon Beach Rural Fire Protection District is an equal opportunity agency. It is the policy of the 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.

APPLICANT'S STATEMENT

I certify that all the information I have provided is true, complete, and correct.

I understand that I must complete a meet certain physical requirement and I am aware there is a probationary period.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I further understand that an offer of employment is conditional based on proper employment authorization, favorable background verification, ability to perform the essential functions of the job (with or without reasonable accommodations) and passing a pre-employment medical exam and drug screen.

Oregon law prohibits smoking in public facilities; therefore, the applicant agrees to refrain from tobacco products within the facility, surrounding grounds, or company owned vehicles.

I also understand that if I am hired, I will be required to provide proof of identity, a valid driver's license, legal authority to work in the United States and that federal immigration laws require me to complete an I9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms as stated above.

Signature of Applicant

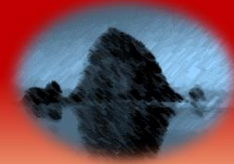
Date



Cannon Beach

Rural Fire Protection District

188 SUNSET BLVD · PO BOX 24 · CANNON BEACH OR 97110
(503) 436-2949 · EMERGENCY DIAL 9-1-1



BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ - _____ - _____

Date of Birth* _____ / _____ / _____
Month Day Year

Driver's License #: _____ State of Driver's License* _____

Present Address _____

City/State/Zip _____
City State Zip Code

Phone Number _____

E-mail _____

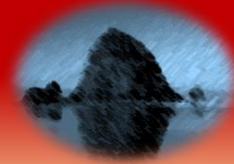
*This information will be used for background screening purposes only and will not be used as hiring criteria.



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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Cannon Beach Rural Fire Protection District** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Print: _____ Date: _____

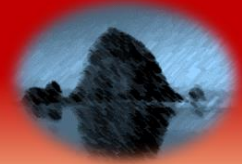
Signature: _____



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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Cannon Beach Rural Fire Protection District may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

The investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Print: _____ Date: _____

Signature: _____



Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name Cannon Beach Rural Fire Protection District	
Agent company name (if applicable)	
Company/Agent company address 188 E. Sunset Blvd, Cannon Beach Oregon, 97110	
Authorized representative name Jason Smith	Title Operations Chief
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
Date and place signed	X Authorized representative signs here. Authorized representative signature

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<input checked="" type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment		
<input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Cannon Beach Rural Fire Protection District		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
Signature		Date

Lifeguard Swim Assessment

All Rescue Swimmers must fulfill swimming requirements by completing the swimming assessment annually. There are two (2) parts to the swimming assessment: Part 1: Pool Assessment and Part 2: Ocean Confidence Assessment.

All Swimmers must pass the pool assessment prior to attempting the ocean confidence assessment.

Pool Assessment:

- a) Swim 550 yards, over a measured course in less than ten (10) minutes. Must be completed using the front crawl, side stroke, and/or breaststroke without stopping or equipment that enhances buoyancy or propulsion. The evaluator will start the time once the participant begins. Evaluator will signal participant prior to final lap. Time will stop once the participant has touched the pool wall after the final lap.
- b) Buddy tow 400 yards, over a measured course in less than fifteen (15) minutes. This is the only event will be completed with swim fins. The buddy will be wearing a floatation device and will not assist in any way. The evaluator will start the time once the participant begins. Evaluator will signal participant prior to final lap. Time will stop once the participant has touched the pool wall after the final lap.
- c) Swim 25 yards, dive to a depth of approx. 10-12 feet retrieve a 10lb weight and tow it 25 yards back to starting point, over a measured course in less than two (2) minutes. Must be completed without stopping or equipment that enhances buoyancy or propulsion. The evaluator will start the time once the participant begins, time will stop when the participant returns to the starting point and places the brick on the wall.
- d) Tread water for fifteen (15) minutes without assistance or stopping. Must be completed without equipment that enhances buoyancy, no touching the bottom or sides of the pool is allowed. Participants may be disqualified if their head completely submerges at any time. This event may be conducted as a group, once all participants are ready evaluator will announce the start of the time for this event, all participants must move away from the sides of the pool. The evaluator will announce when the time done signaling the event is completed.

Any questions, concerns, and/or request for clarification or assistance must be brought to the attention of the evaluator prior to the start of the assessment.

All Swimmers must pass the pool assessment prior to attempting the ocean confidence assessment.

Ocean Confidence Assessment:

- a) Swim around Haystack Rock and the Needles and back to land with rescue tube in tow. Direction and route will be based on environmental conditions. This event will be completed with full PPE to include Wetsuit and Fins. Mask and Snorkel are allowed. Participants will leave from shore swimming through the surf impact zone, around Haystack rock or a fixed object (buoy) and return to shore unassisted.
- b) Tread water for Five (5) minutes without assistance. Must be completed without equipment that enhances buoyancy, no touching the bottom of the Ocean. Participants will leave from shore and enter the surf impact zone, once the time is complete participants will return to shore unassisted. This event can be completed during the Haystack Rock swim; it will be at the discretion of the lead evaluator.
- c) Rescue Board Paddle. Must be completed with fins and rescue tube. Participants will depart from shore, paddle a rescue board through impact zone, encountering waves. Goal is for the participant to maintain control of the rescue board and return to shore unassisted. Any questions, concerns, and/or request for clarification or assistance must be brought to the attention of the evaluator prior to the start of the assessment.



Cannon Beach

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To be completed by CB Fire

Key Card ID:

Intake Form

Personal Information

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Known		
First Name			
Last Name			
Date of Birth		Soc Sec #	
Driver's License Number		DL State	

Contact Information

Emergency Contact

Contact Name			
Relationship		Phone	

Personal Phone Numbers & Email(s)

Home	Cellular	Work
Email (s):		

Home Address

Street			Apt
City	State	Zip	

Work Address

Street			Apt
City	State	Zip	

Mailing Address

Street			Apt
City	State	Zip	

CANNON BEACH FIRE DISTRICT

188 Sunset Blvd./Po Box 24
Cannon Beach, OR 97110

Direct Deposit Authorization Form

PAYEE INFORMATION

Employee Name: _____
Employee Address: _____

Authorization Agreement

I hereby authorize **Cannon Beach Fire District** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **District** to make withdrawals from this account in the event that a credit entry is made in error. I understand that the **District** will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account.

Further, I agree not to hold the **District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect through the duration of my employment or until the **District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department. I understand that thirty (30) days notice, in writing, is required if I change financial institutions or account numbers. I understand that for the first payroll after such changes are made, I will receive a paper check while my new account information is being electronically verified.

I authorize the **District** to release my payroll withholding report (pay voucher) to the authorized representative from my department to be picked up and delivered to me on payday.

Type of Authorization Initial Authorization Change Cancellation Authorization

Account Information

A sample check is on the back of this form to help you locate your account information. Please contact your financial institution with any questions or if you are unable to determine your account information from the example. Incorrect information will delay electronic deposit processing. *To deposit to one account, please fill out the information below. To split the deposit between two accounts, fill out Attachment A or B.*

Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Account Number: _____ Checking Savings

Signature

Participant Signature: _____ Date: _____

Please see instructions for locating account numbers on the back of this form.

Sample Check

The routing number and your account number are located at the bottom of your check (checking account) or deposit slip (savings account) starting at the lower left-hand corner. The routing number is the first nine digits. The account number follows.



routing number



account number

Please contact your financial institution with any questions or if you are unable to determine your account information from the example. Incorrect information will delay electronic deposit processing.

Be sure your current address is shown on your check or deposit slip.

Cannon Beach Fire District

188 Sunset Blvd./Po Box 24
Cannon Beach, OR 97110

Direct Deposit Authorization Form

Attachment A		Percentage of Check	<input style="width: 50px;" type="text" value="%"/>
Type of Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Name of Financial Institution:	_____		
Address of Financial Institution:	_____		
Account Number	_____	<i>See sample to help you locate your account number & routing number or call your financial institution.</i>	
Financial Institution Routing Number:	_____		
Attachment A		Percentage of Check	<input style="width: 50px;" type="text" value="%"/>
Type of Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Name of Financial Institution:	_____		
Address of Financial Institution:	_____		
Account Number	_____	<i>See sample to help you locate your account number & routing number or call your financial institution.</i>	
Financial Institution Routing Number:	_____		

OR

Attachment B		Flat Amount of Check	<input style="width: 50px;" type="text" value="\$"/>
Type of Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Name of Financial Institution:	_____		
Address of Financial Institution:	_____		
Account Number	_____	<i>See sample to help you locate your account number & routing number or call your financial institution.</i>	
Financial Institution Routing Number:	_____		
Attachment B		Remainder of Check	<input style="width: 50px;" type="text" value="\$"/>
Type of Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Name of Financial Institution:	_____		
Address of Financial Institution:	_____		
Account Number	_____	<i>See sample to help you locate your account number & routing number or call your financial institution.</i>	
Financial Institution Routing Number:	_____		

Signature

Date

2026 Form OR-W-4

Page 1 of 1, 150-101-402 (Rev. 07-28-25, ver. 01)

Oregon Department of Revenue



Office use only

Oregon Withholding Statement and Exemption Certificate

Form fields for personal information: First name, Initial, Last name, Social Security number (SSN), Redetermination, Address, City, State, ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- 1. Select one: Single, Married, Married, but withhold at the higher single rate. Note: Select "Single" if you're married but legally separated...
2. Allowances. Enter the number from Worksheet A, line A5, Worksheet B, line B9, or Worksheet C, line C6...
3. Additional amount from Worksheet C, line C10, or other amount to withhold from each paycheck...
4. Exemption from withholding. I certify my wages are exempt from withholding and I meet the conditions for exemption as stated in Form OR-W-4 Instructions. Complete both lines:
• Enter your exemption code from the Exemption chart in Form OR-W-4 Instructions... 4a.
• Write "Exempt"..... 4b.

Sign here. Under penalty of false swearing, I declare the information provided is true, correct, and complete.

Employee signature (This form isn't valid unless signed.) and Date fields

Employer use only.

Form fields for employer information: Employer name, Federal employer identification number (FEIN), Employer address, City, State, ZIP code

- Submit your completed form to your employer -



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
(b) Multiply the number of other dependents by \$500	3(b)	\$	
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3	\$	

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$
(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b **2b** \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse } **9** \$ _____
 { • \$640,600 if you’re single or head of household }
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse } **11** \$ _____
 { • \$24,150 if you’re head of household }
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **12** \$ _____

13 Add lines 11 and 12. Enter the result here **13** \$ _____

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 **14** \$ _____

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 **15** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

PAF

DPSST Office Use Only
DPSST Fire Service #
Date
By

Department of Public Safety Standards and Training

4190 Aumsville Hwy SE
 Salem, OR 97317
 Phone: 503-378-2100
 Fax: 503-378-4600

**PERSONNEL / AGENCY FORM**

(Revised 1/29/18)

Fire Service Agency Name

1. PERSONNEL

Name: Last	First	Middle Initial	Sex	Date of Birth	US Veteran?	DPSST Fire #
			(M/F)	(Mandatory)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. PERSONNEL ACTIVITY

New Employee <input type="checkbox"/> <i>Date:</i>	Resigned <input type="checkbox"/> <i>Date:</i>	Retired <input type="checkbox"/> <i>Date:</i>	Deceased <input type="checkbox"/> <i>Date:</i>
Background Investigation Completed Yes <input type="checkbox"/> No <input type="checkbox"/>			
Leave of Absence <input type="checkbox"/> <i>Date:</i>	Lay Off <input type="checkbox"/> <i>Date:</i>	Failed Probation <input type="checkbox"/> <i>Date:</i>	Discharged – Performance <input type="checkbox"/> <i>Date:</i>
			Discharged – Behavior <input type="checkbox"/> <i>Date:</i>
Other or Name Change <input type="checkbox"/> <i>Date:</i> <i>Explanation:</i>			

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address	City	Zip
Agency Phone	Fax	Email

Chief	Chief Contact Phone	Cell
Effective Date	Fax	Email

Training Officer	T.O. Contact Phone	Cell
Effective Date	Fax	Email

Authorized Signer	Contact Phone	Cell
Effective Date	Fax	Email

Remove a Chief, Training Officer, or Authorized Signer:	Effective Date:
--	------------------------

As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070. OAR 259-009-0010, requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. **If this form is not filled out completely, it will be returned unprocessed.**

Signature: _____ **Printed Name:** _____ **Date** _____
 (Signature of Agency Head or Designee)

DPSST Office Use Only

DPSST
Fire Service #

Date

By

Oregon Department of Public Safety Standards and Training

E-1: Application for Personnel Affiliation and Certification Eligibility

Fax: 503-378-4600 Mail: 4190 Aumsville Hwy SE; Salem OR 97317

Questions? Call DPSST at 503-378-2100

Revised June 2023



PERSONNEL INFORMATION

Fire Service Agency Name				
Last Name	First Name	Middle Inl	Date of Affiliation	DPSST Fire # (Leave Blank if New)
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	US Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Background Investigation Completed per OAR 259-009-0015? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Does the above listed fire service agency require DPSST certification to continue the affiliation of this fire service professional? Yes No

IF YES, the fire service professional must meet the minimum standards for certification pursuant to OAR 259-009-0059.

NOTE: A fingerprint-based state and national criminal background check pursuant to OAR 259-009-0059 must be completed if the fire service professional has never been fingerprinted for DPSST certification purposes. If required, fingerprints must be submitted in accordance with

<https://www.oregon.gov/dpsst/FirePrograms/Pages/Cert%20Fingerprint-Requirement-Information.aspx>.

Should the fire service professional have a criminal conviction that would preclude him/her from receiving DPSST certifications, DPSST will take action to deny this Application for Personnel Affiliation.

IF NO, please complete and submit a Personnel/Agency Form in lieu of this form. Found here

[https://www.oregon.gov/dpsst/FirePrograms/FireForms/PAF1-29-2018\(3\).pdf](https://www.oregon.gov/dpsst/FirePrograms/FireForms/PAF1-29-2018(3).pdf).

SIGNATURES

As the applicant, I understand that the fire agency with which I am affiliating requires DPSST certification as a fire service professional and that a fingerprint based criminal history check may be completed as part of the initial personnel affiliation process. I understand that if I have been convicted of a disqualifying crime(s) my affiliation with this fire agency may be denied and my certifications subject to denial or revocation pursuant to OAR 259-009-0120.

Signature of Applicant

Date

As an authorized signer, I have reviewed this form for completeness and accuracy. I understand that DPSST will deny this application for affiliation should the fire service professional listed on this form fail to meet the minimum standards for certification. I also understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0120.

Signature of Agency Head or Designee

Printed name of Agency Head or Designee

Date