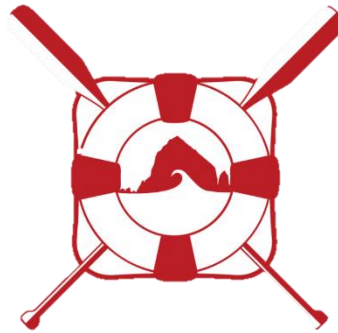




## Cannon Beach Rural Fire Protection District

# Seeking ...



## 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 [jsmith@cbfire.com](mailto:jsmith@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

## 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:**

[jsmith@cbfire.com](mailto:jsmith@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**

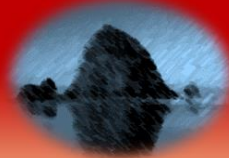
**Date**



# 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 \_\_\_\_\_

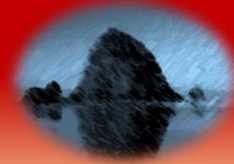
\*This information will be used for background screening purposes only and will not be used as hiring criteria.



# Cannon Beach

## Rural Fire Protection District

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



### 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: \_\_\_\_\_

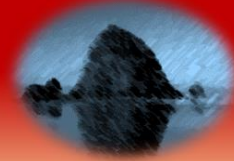




# Cannon Beach

## Rural Fire Protection District

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



### 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 <b>Cannon Beach Rural Fire Protection District</b>	
Agent company name (if applicable)	
Company/Agent company address <b>188 E. Sunset Blvd, Cannon Beach Oregon, 97110</b>	
Authorized representative name <b>Jason Smith</b>	Title <b>Operations Chief</b>
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>	
  	<b>X</b> Authorized representative signs here.
Date and place signed	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 <b>Cannon Beach Rural Fire Protection District</b>		
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>		
<b>X</b> Please sign here.		
Signature		Date

# Lifeguard Swim Test

## A. Pool Swim

1. 550-yard swim – Time: 10-minute time limit
  - i. No fins, snorkel or flotation allowed, must continue moving forward using a front or side stroke, no stopping or standing.
2. 400-yard buddy tow – Time: 15-minute time limit
  - i. May use fins, mask and snorkel, buddy shall wear flotation and shall not assist swimmer.
3. Free dive and retrieve object.
  - i. Member will leave from the shallow end wall and swim to the deep end, dive once and retrieve an object (brick) from the bottom, secure brick in your possession, and return to the surface and swim it back to the shallow end wall.
    - a. Failure occurs when multiple dives are needed, unable to secure the brick or keep positive control of the brick, unable to complete the swim.
4. Water Tread – Time: 15 minutes Pass/Fail
  - i. 13 minutes treading/ 2 minutes hands up out of the water.
    - a. Failure occurs if you touch the sides or bottom, drop hands more than once or keep them under for longer than 5 seconds during hands-out portion.
5. Failure of the pool swim test
  - i. The pool portion is a stamina endurance test. The entire test must be completed together the first time; if 550yard swim is failed it may be retaken as many times as necessary within seven (7) days. After seven (7) days has passed, the entire pool test will have to be repeated.

## B. Ocean Swim Test

1. Start at the wet sand, enter the water, and swim through the surf zone to a designated buoy (approximately 300 -500 yards), maintain approximately 5 minutes in the impact zone of breaking waves, then return to the beach.
  - i. This is a “fair” test calculated each season. A candidate needing assistance or rescue constitutes a failure, and a candidate who is struggling, not making forward progress, or using an unnecessary amount of time compared to other candidates in the same test will be a failure.
  - ii. Fins, mask, and snorkel are allowed. Member shall have flotation with them (rescue can or tube).