

KLAMATH COUNTY FIRE DISTRICT #3
P.O. Box 51
Sprague River, Oregon 97639-0051

Personal:

The following information is required of you for verification and contact purposes.

1. Your Name (please print)

Last	First	Middle
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Other names (including nicknames) you have used or been known by

2. List the addresses at which you now reside (if less than 5 years, list previous addresses)

Number	Street	City	State	Zip
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3. List mailing addresses if different from residence:

Number or PO Box	City	State	Zip
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4. List the telephone number(s) at which you can be contacted

Home	Hours you may be contacted	Work	Hours you may be contacted
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5. Birth date: _____ 6. Social Security Number: _____
Mo/Day/Year

7. Are you a U.S. Citizen? ____ Yes ____ No If Naturalized, date you applied for citizenship _____

8. Next of kin

Name	Address	Telephone	Relationship
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9. Person to contact in case of emergency

Name	Address	Telephone	Relationship
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References List persons you know who we may contact and ask questions concerning your suitability for membership with our agency

Name	Address	Telephone	Relationship

Education

1. Do you possess

_____ HS Diploma _____ G.E.D. _____ Certificate of HS Proficiency _____ Higher Educational Papers

Name the last HS/College/University you have attended:

Name	Units/Degrees Completed	Dates Attended

2. Circle any of the following professional certificates you possess which relate to your qualifications

Paramedic EMT First Responder Other Medical Driver

Cert. No	Date of Issue

3. Other than English, do you speak/understand any languages fluently? If yes, what languages _____

Employment. Please list your employment for the past five years, starting with your present job and working backwards

1. From	To	Your present employers name/address	Supervisor's name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service:

1. Have you ever served in the military? _____ yes _____ no 2. If yes, what branch _____

3. Dates served: From _____ To _____ Character of discharge _____

Legal:

The following questions deal with legal actions in which you may have been involved. Your answers have a direct bearing on your eligibility for KCFD #3 membership. The information you provide is considered confidential and will not be shared with anyone outside the KCFD #3.

1. Have you ever been arrested? Yes _____ No _____ If so, indicate the date, place, offense and disposition.

2. Have you ever possessed for sale or sold a controlled substance? Yes ____ No ____ If so, describe your involvement and whether legal action resulted.

3. Have you ever or do you now use an illegal substance? Yes ____ No ____ If so, describe

Motor Vehicle Operation:

Although operation of a motor vehicle may not in all cases be a requirement of the position for which you have applied, please furnish the following information about your driving history

1. Indicate your current driver's license information as indicated below:

Driver's License Number State of Issue Expiration Date Name which appears on this license

2. Have you ever been arrested for DUII? Yes ____ No ____ If yes, please provide details

3. Have your driving privileges ever been suspended, revoked or placed on negligent operator's probation? If so, provide details

4. List all traffic citations (including parking tickets) you have received within the past seven (7) years. You must list citations you received even if they were subsequently dismissed or you were found not guilty

Approx Date Issued Violation(s) Charged Issuing Agency Disposition of Citation

**YOU MUST SIGN THIS APPLICATION.
READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN!**

I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand that any false information on this application may result in my not being accepted for membership in the KCFD #3.

I Consent to the release of personal information in this application: characteristics, mode of living and work/personal habits. I release any person, firm or institution from any damage for providing any such information.

I understand that as a KCFD #3 member I may be required to complete a drug test at any time prior to or during KCFD #3 membership or upon entering the Sky Lakes Medical Center as a crew member.

Signature of Applicant

Date

Signature of parent or guardian if applicant under age 18

Date

EXECUTIVE COMMITTEE ACTION

____ **WE RECOMMEND THE APPLICANT BE ADMITTED TO MEMBERSHIP**

____ **WE RECOMMEND THE APPLICANT BE GIVEN PROVISIONAL MEMBERSHIP PENDING:**

____ **WE RECOMMEND THE APPLICANT NOT BE ADMITTED TO MEMBERSHIP AT THIS TIME FOR THE FOLLOWING:**

DATE _____
