



**SCIO FIRE DISTRICT
EMPLOYMENT APPLICATION
FIRE CHIEF**

P.O. Box 1, Scio OR 97374

The Scio Fire District is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, natural origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.

1. GENERAL INFORMATION

Applicant Name:

Last

First

Middle

Current Address:

Home Phone:

Alt Phone:

E-mail address:

Do you have a current valid Driver's License? Yes No Lic. Number/ State _____

2. EDUCATION: List education high school, trade schools and college

Did you graduate from high school? Yes No If No, highest grade completed (or GED)? _____

School Name

Location (City/State)

Major

Type of Degree Obtained or None

3. AFFILIATIONS/MEMBERSHIPS:

4. CERTIFICATIONS: List certifications related to the job you are seeking.

Job Related Licenses or Certificate	Date Issued	Expiration Date	Licensing or Certification Agency

5. PROFESSIONAL/COMMUNITY INVOLVEMENT:

6. ACCOMPLISHMENTS AND/OR SPECIAL SKILLS:

7. SUPPLEMENTAL QUESTIONS FOR FIRE CHIEF CANDIDATES:

Please answer the following questions as completely and concisely as possible. Your responses must be returned as part of your application package. Questions must be answered in your own handwriting on a separate sheet of paper for each question. Use only black or blue ink.

1. What is your perception of the role of the Fire District Board of Directors and how do you perceive communication flow between the Fire Chief and the Board?
2. Explain your experience with fiscal management. What is the Chief's role in the budgeting process? How would you determine department priorities on a limited budget?
3. Explain your experience working with volunteers. How would you recruit new volunteers? What methods/action can be used to retain current volunteers?
4. As Fire Chief, where do you see yourself and the Scio Fire District in 5 years and 10 years from now.
5. Flooding, forest fire or an earthquake all pose serious threats to our District and may require the engagement of our volunteers for longer than the typical call out. What steps would you take to prepare volunteers and their families to meet these circumstances when they arise?

8. EMPLOYMENT HISTORY: Start with present or most recent employer, include full-time and part-time employment. Give complete name and address of all employers, including military employment. State if the company is no longer in business. Date must include full month and year. Please attach a resume; however, you must complete all information requested on this application form to be considered.
Include a minimum of 10 years of employment.

1. Employer Name: (current or most recent) Phone Number

Address City State Zip Code

Position Held Date Employed From / To

Supervisors Name Rate of Pay

Describe Main Duties

Reason for Leaving

2. Employer Name: (most recent) Phone Number

Address City State Zip Code

Position Held Date Employed From / To

Supervisors Name Rate of Pay

Describe Main Duties

Reason for Leaving

3. Employer Name

Phone Number

Address

City

State

Zip Code

Position Held

Date Employed From / To

Supervisors Name

Rate of Pay

Describe Main Duties

Reason for Leaving

4. Employer Name

Phone Number

Address

City

State

Zip Code

Position Held

Date Employed From / To

Supervisors Name

Rate of Pay

Describe Main Duties

Reason for Leaving

Explain all gaps in employment history 30 days or longer, supply dates and reason:

9. PERSONAL INFORMATION

List below ALL Fire Agencies you have made application to in the past two (2) years:

<u>Agency Name</u>	Phone Number	Recruiter/Contact Person
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Date of Application	Status of Application	Reason for Status
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<u>Agency Name</u>	Phone Number	Recruiter/Contact Person
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Date of Application	Status of Application	Reason for Status
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<u>Agency Name</u>	Phone Number	Recruiter/Contact Person
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Date of Application	Status of Application	Reason for Status
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10. PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

List at least two (2) professional references and one (1) personal reference, who you know well enough to furnish personal information regarding your character, morals, etc.

<u>Contact Name</u>	Phone Number	Occupation	Years Known
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Address	City	State	Zip Code
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<u>Contact Name</u>	Phone Number	Occupation	Years Known
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Address	City	State	Zip Code
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<u>Contact Name</u>	Phone Number	Occupation	Years Known
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Address	City	State	Zip Code
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11. CRIMINAL INFORMATION

The following questions reference all crimes including DUI, DWI, BWI, etc. Inaccurate information will result in disqualification. If yes, give a brief explanation below.

- Yes No Have you ever been convicted of a crime?
- Yes No Have you ever pled guilty to a crime?
- Yes No Do you have any criminal charges now pending?
- Yes No Have you ever entered a pre-trial intervention program?
- Yes No Have you ever had adjudication withheld relating to a crime?
- Yes No Have you ever pled no contest of nolo contendere to a crime?
- Yes No Have you ever been charged with a crime and placed on court ordered probation?
- Yes No Have you ever been a defendant for unlawful employment practice (e.g. sexual or racial harassment)?
- Yes No Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress)?
- Yes No Have you been ticketed due to a traffic accident, including adjudication withheld, in the last five (5) years?

Explanation:

12. SIGNATURE

PLEASE NOTE: Incomplete application will not be processed; information on resumes will not be accepted in place of a full and complete application. Applications are accepted by hand or mail only.

I HEREBY AUTHORIZE that all the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time, if I am to become employed, may result in my dismissal. I release Scio Fire District and any current or past employers and other individuals contacted from any liability for release of information regarding my employment and or education.

Signature

Date

13. RECORD CHECK AUTHORIZATION

Full Name

First

Middle

Last

I HEREBY AUTHORIZE that all the fact and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I HEREBY AUTHORIZE the District to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report form a consumer reporting agency to be used for employment purposed in accordance with the Fair Credit Reporting Act, to conduct a record check on my background to include but not limited to the following: criminal and driving check, employment and performance record and education records. I authorize the reference, previous employers, and school or other educational institution, credit bureau, lending institution, consumer reporting agency or public agency listed to give the District all facts, opinions, and evaluation concerning my previous employment and any other information they may have, personal or otherwise, and I HEREBY RELEASE all such parties from any liability which may allegedly arise from furnishing such information to the District, including, but not limited to any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or District medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the District or myself. I understand that no supervisor or other representative of the District other than the Fire Board has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (contract).

I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE INFORMATION.

Signature

Date

Applications must be postmarked by December 15, 2017 at P.O. Box 1, Scio OR 97374

or delivered to Scio Fire District, 38975 SW Sixth Avenue, Scio, OR by 1600 on December 15, 2017