

## WESTERN LANE FIRE and EMS AUTHORITY JOB APPLICATION

Title of position you are applying for:			
First Name Middle Initial Last Name:			
Street Address (City, State, Zip):			
Mailing Address, if different than above (City, State, Zip):			
Home Phone:	Cell Phone:		
Email Address:			
Oregon Driver's License – Do you hold a valid Oregon Driv	ver's License? Yes [ ] No [ ]		
If No, is your license from another State [ ], Revoked [ ]	, Suspended [ ], Restricted [	1	
License No.: State of Issue:	Expires:		
Employment Eligibility Verification (failure to complete the	nis section will disqualify you	from further consid	deration)
Are you a citizen of the United States? Yes [ ] No [ ]			
Are you an alien lawfully admitted for permanent resider	nce? Yes [ ] No [ ]		
Are you an alien authorized by the Immigration and Natu	ralization Service to work in	the United States?	Yes [ ] No [ ]
Are you a Veteran? Yes [ ] No [ ] If Yes, dates you serve	d From: To:		
Can you claim Veteran's preference points? Yes [ ] No [	1		
Education and Training: Please read the minimum qualifications continuing. Copies of transcripts, certifications, licenses, degrees the minimum qualifications of the job announcement. Official tr	, etc., must be submitted with th	ne application as appr	
High School Graduate? Yes [ ] No [ ] or Equivalence	cy Test or GED? Yes [ ] No [	1	
Name and location of High School:			
Name and location of College, University, Business, Trade, or Service Schools	Degree Major	Credits Earned	Degree

License/Registration/Certifications	Number	Issue Date	Expiration Date

**Experience**: Begin with your MOST RECENT experience, including military service and volunteer service. Give details on the experiences that you believe meets the minimum requirements for this position. List all experience in the last ten (10) years. Show actual time (number of hours per week) spent in each experience. A resume WILL NOT be accepted in lieu of completing the application.

The following section must be completed even if attaching a resume.

Period of employment	May we contact present employer? Yes [ ] No [ ]	
From To	Name of Company:	Phone:
	Address:	City, ST, Zip
T. 1. 1		
Total	Immediate Supervisor:	
Yr(s)Mo(s)	·	
Hours per week:	Reason for leaving:	
·		
Your job title:		
Your duties:		
Period of employment	May we contact present employer? Y	'es [ ] No [ ]
Period of employment From To	May we contact present employer? Y Name of Company:	es[]No[] Phone:
From To	Name of Company:	Phone:
From To  Total	Name of Company: Address:	Phone:
From To	Name of Company:  Address:  Immediate Supervisor:	Phone:
From To  Total Yr(s) Mo(s)	Name of Company: Address:	Phone:
From To  TotalYr(s)Mo(s)  Hours per week:	Name of Company:  Address:  Immediate Supervisor:	Phone:
From To  Total Yr(s) Mo(s)	Name of Company:  Address:  Immediate Supervisor:	Phone:
From To  TotalYr(s)Mo(s)  Hours per week:	Name of Company:  Address:  Immediate Supervisor:	Phone:
From To  TotalYr(s) Mo(s)  Hours per week:  Your job title:	Name of Company:  Address:  Immediate Supervisor:	Phone:
From To  TotalYr(s) Mo(s)  Hours per week:  Your job title:	Name of Company:  Address:  Immediate Supervisor:	Phone:

Period of employment	May we contact present employer?	Yes [ ] No [ ]
From To	Name of Company:	Phone:
	Address:	City, ST, Zip
Total Yr(s) Mo(s)	Immediate Supervisor:	
Hours per week:	Reason for leaving:	
Your job title:	<u> </u>	
Your duties:		
Period of employment	May we contact present employer?	
From To	Name of Company:	Phone:
	Address:	City, ST, Zip
Total	Immediate Supervisor:	
Hours per week:	Reason for leaving:	
Your job title:		
Your duties:		
Period of employment	May we contact present employer?	Yes [ ] No [ ]
From To	Name of Company:	Phone:
	,	
	Address:	City, ST, Zip
Total Yr(s) Mo(s)	Immediate Supervisor:	
Hours per week:	Reason for leaving:	
Your job title:		
Your duties:		

Western Lane Fire and EMS Authority is an equal opportunity en are assured of fair and equal treatment. WLFEA will recruit, emp promotion, and other conditions of employment without regard disability, pregnancy, age, military status, sex, or any other prote employment decisions shall be made on the basis of bona fide o continually review its employment practices and procedures to a opportunity. In implementing this policy, WLFEA will comply wit policy concerning equal opportunity employment.	ploy, and provide compensation, d to race, national origin, religion, tected status. WLFEA affirms that occupational qualifications. WLFEA will assure equality of employment
In submitting this application, I authorize investigation of all stat understood and agreed that any misrepresentation by me in this materials may result in cancellation of the application and/or tender I certify that I have read this entire application and that the inforcement.	is application or in any accompanying ermination from employment.
Signature D	Date:

WLFEA HR Personnel use only:
Date Application received:Time:
[ ]Qualified [ ]Not Qualified
[ ] Incomplete/Unsigned [ ] Experience [ ] Education [ ] License/Certificate [ ] Under 18 years of age
[ ] Late submission [ ] Illegible [ ] Other