



# Jackson County Fire District No. 5

▪ 5811 S Pacific Hwy ▪ Phoenix, OR 97535  
(541) 535-4222 Fax (541) 535-4226 www.jcfd5.com

## VOLUNTEER APPLICATION

Please fill out all sections of this form completely. Failure to do so could result in rejection during the selection process. This application and all attachment's become the property of Jackson County Fire District 5 and will not be returned to the applicant.

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First MI

Home: \_\_\_\_\_  
 Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City, State, Zip

May we contact you at work?  Yes  No

Mailing Address: \_\_\_\_\_  
City, State, Zip

What is the best time to call:  
 At work: \_\_\_\_\_ At Home: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's license Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

### PREVIOUS EMPLOYMENT / RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of Jackson County Fire District 5 at this time?  Yes  No

If yes, in what capacity? \_\_\_\_\_

Have you previously been employed or volunteered with the District?  Yes  No

If yes, please specify title and employment dates: \_\_\_\_\_  
Title Dates

Names of any District employee you are related to or with whom you live: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### EMPLOYMENT

Employer	Address
Your Title	Supervisor's Name and Telephone
Duties (be specific)	

*Jackson County Fire District 5 is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, marital status, national origin or mental or physical disability unless based on a bonafide occupational qualification.*

## EDUCATION / TRAINING

Name and Location of high school: \_\_\_\_\_

Graduated  Yes  No

If not a high school graduate do you have a certificate of equivalency (GED)?  Yes  No If yes, date received: \_\_\_\_\_

List all schools attended beyond high school:

Name and location of school	Course of study	Dates attended	Credits completed (List quarter/Semester)	Type of degree earned

First Responder                      Expiration Date \_\_\_\_\_

C.P.R. / A.E.D                      Expiration Date \_\_\_\_\_

EMT                      # \_\_\_\_\_                      Issuing State \_\_\_\_\_                      Expiration Date \_\_\_\_\_

EMT I                      # \_\_\_\_\_                      Issuing State \_\_\_\_\_                      Expiration Date \_\_\_\_\_

EMT P                      # \_\_\_\_\_                      Issuing State \_\_\_\_\_                      Expiration Date \_\_\_\_\_

DPSST                      # \_\_\_\_\_                      Certifications \_\_\_\_\_

NIMS                      # \_\_\_\_\_                      Certifications \_\_\_\_\_

List below any license/certifications (not shown above) you have that may be pertinent to this position:

Do you speak a language other than English fluently?  Yes  No if yes, which language(s)? \_\_\_\_\_

## CONVICTIONS

Have you ever been convicted of, or pled guilty of no contest or forfeited bond in connection to a felony or misdemeanor other than a minor traffic violation?    Yes  No

(Conviction is not an automatic bar from employment. Each case is considered separately based on its relation to the duties of the position)

If yes, please give a short explanation outlining the circumstances of your conviction in the space below. Please include date, charge, nature and place of offense, disposition and court of jurisdiction.

## REFERENCES

Name of Reference (non-relative)	Phone Number	How long have they known you:
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Please include one letter of reference from a professional or colleague.

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

Please use the space below to describe your goals and why you wish to be a member of Jackson County Fire District 5.

In accordance with Federal law, proof of authorization to work in the United States is required upon membership. If, due to a disability, you require special accommodation to participate in the selection process please notify the business office at (541) 535-4222.

## CERTIFICATION, AUTHORIZATION, AND RELEASE

By my signature below, I certify that all information I provided as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact *may* result in my disqualification from consideration for District membership or in the termination of my District membership. I authorize Jackson County Fire District 5 to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the District any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance necessary to verify my qualifications for membership. I further release the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release Jackson County Fire District 5 from all liability whatsoever incurred in obtaining or using such information. The District may make available copies of this authorization available to those contacted.

Jackson County Fire District 5 requires a pre-membership local, County and Federal background check to determine your moral integrity and ability to function as a firefighter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications and supporting documents**  
can be submitted by email by to:  
**[mlebbert@jcf5.com](mailto:mlebbert@jcf5.com) and [bustard@jcf5.com](mailto:bustard@jcf5.com)**  
(click link above to open in your email browser)

or they can be returned in person to

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