

# **CITY OF BROOKINGS**

## **VOLUNTEER FIRE/ RESCUE DEPARTMENT APPLICATION FORM**

Thank you for your interest in the Brookings Fire Department. Please fill out this application so that we can process your application and begin your future with the Department.

There is a 6 month probationary period, with evaluation at the end of 6 months. Appointees will take special on-the-job training in the various technical aspects of firefighting.

### **TO APPLY AND TAKE EXAMINATION YOU MUST:**

- ✓ Be at least 18 years of age
- ✓ Be in good physical condition and be able to pass medical examination.
- ✓ Possess a good moral character and high personal integrity.
- ✓ A background check will be made by the City prior to permanent appointment. Additionally the applicant is advised that they may at any time be asked to take a urine analysis, paid for by the City of Brookings, to determine their use of chemical substances or alcohol.

Brookings Fire Department Volunteers operate and participate as Volunteers with the Department at the discretion and administration of the Fire Chief. Volunteers not conforming to the policies and procedures of the Department may be discharged by the Fire Chief.

### **THE EXAMINATION WILL CONSIST OF:**

- ✓ An oral board, to assess each candidate's personal qualifications, background and interest in firefighting work.
- ✓ A qualifying physical agility test, consisting of a series of measures of physical fitness, strength, agility and endurance.

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Those candidates successfully completing the oral board may then take the physical agility test. Applicants must successfully pass the oral board, and the physical agility to have their names placed on the eligible list.

Failure in any part of the examination will eliminate the candidate. Before consideration for appointment, candidates successfully completing the above test will undergo additional intensive screening to further determine their aptitude and suitability for firefighter work.



# BROOKINGS FIRE & RESCUE

## APPLICATION FOR EMPLOYMENT VOLUNTEER FIREFIGHTER

**Read Carefully:** Each question should be fully and accurately answered. This form is the basis for your background investigation, which will be conducted to determine your suitability for employment with Brookings Fire & Rescue. No action can be taken on this application until all questions have been answered. If a question does not apply, enter N/A in the space provided. Avoid errors by reading the directions carefully before making any entries on the form. If not enough room is available, use blank paper or the back of the sheet on which the question appears. All answers are to be printed electronically or legibly in ink. Applications should be mailed or hand delivered to Brookings Fire & Rescue 898 Elk Dr., Brookings, OR. 97415. To verify delivery and receipt of this application, contact by telephone @ (541)469-1140, five days after mailing.

### Investigative Report

In making this application for employment, it is understood that an investigation will be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, and personal characteristics.

#### PERSONAL DATA

Today's Date: \_\_\_\_\_ When can you start work? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Present Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Date \_\_\_\_\_

List any other name you have been known by, and state the reason: \_\_\_\_\_

#### MILITARY

Military Status: Active Duty Service from \_\_\_\_\_ to \_\_\_\_\_

Branch of Service \_\_\_\_\_

Service Duties/ Special Training \_\_\_\_\_

Are you a member of a Reserve Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

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# BROOKINGS FIRE & RESCUE

## GENERAL

Were you ever employed here? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Of what clubs, organizations, civic or other groups have you been a member in the last five years? (List offices held.)  
(Exclude any labor organizations, or any organizations, the name and character of which, indicate race, color, religion, sex, age, national origin or Ancestry of its members.)

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Will you take a physical examination and a drug-screening test? Yes \_\_\_\_\_ No \_\_\_\_\_

## SPECIAL SKILLS

Use the space below to summarize any additional information necessary to describe your full qualifications for the position you are applying for. List any firefighting positions you have held, and length of time you held that position, career or volunteer. Include any relevant documentation or certificates with the application.

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## EDUCATION

Highest Grade Completed \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

Name, Address & Location of School: \_\_\_\_\_

High School (or GED): \_\_\_\_\_

College or University: \_\_\_\_\_

College Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Additional Educational and/or Vocational or Technical Training Information: \_\_\_\_\_

Name, Address & Location of School: \_\_\_\_\_  
\_\_\_\_\_

Courses taken: \_\_\_\_\_ Year completed: \_\_\_\_\_

**Use the space below to list your reasons for applying for this position:**

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## Personal History:

### References:

List five persons who know you well enough to provide current and past information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Bus. Ph.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Bus. Ph.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Bus. Ph.: \_\_\_\_\_

Name: \_\_\_\_\_

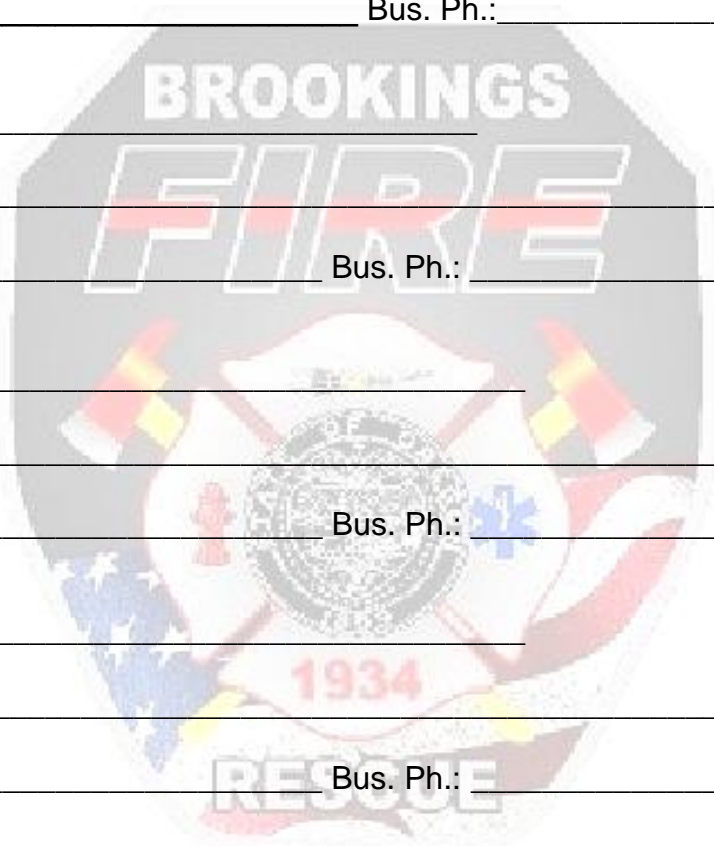
Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Bus. Ph.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Bus. Ph.: \_\_\_\_\_



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## Employment History

Begin with your present or most recent job and list your complete work record, accounting for all time. List dates in proper sequence. When listing military service, give name and rank of last immediate superior.

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

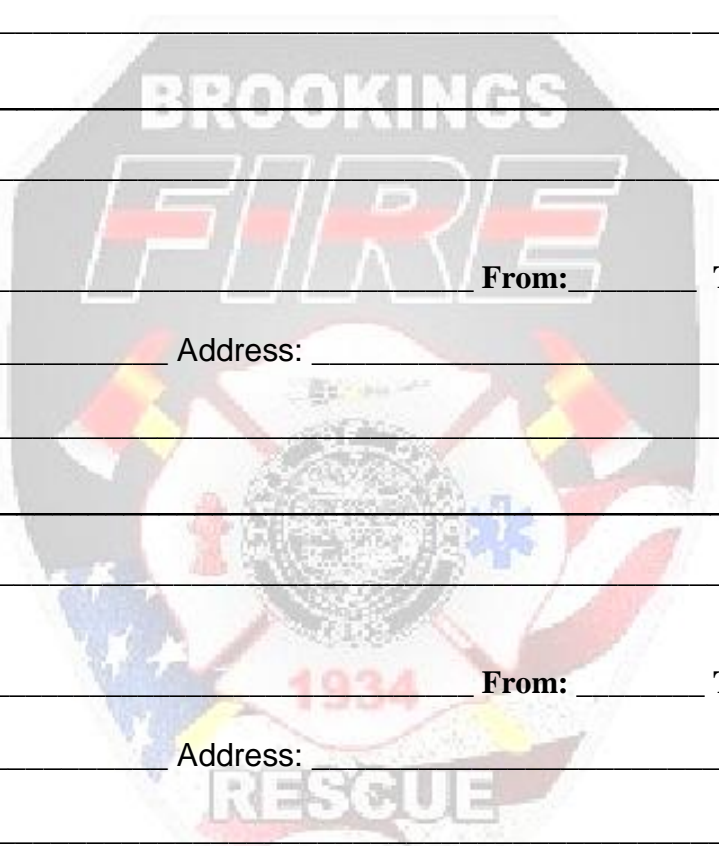
**Employer Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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## Residence History

List all addresses where you have lived during the past 3 years. Do not list your present address. Account for all the time starting with the most recent address.

**Address:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

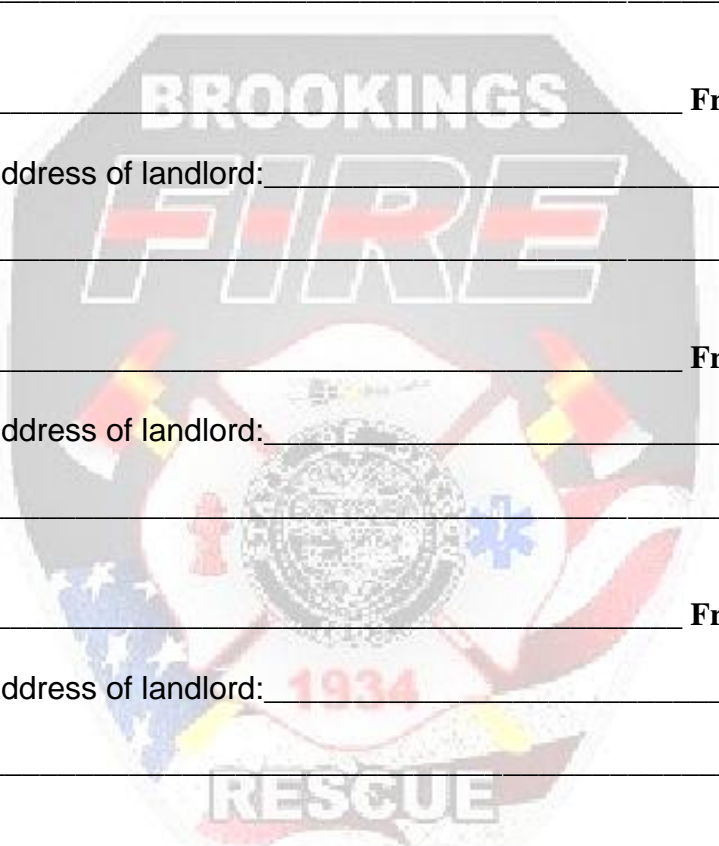
**Address:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_



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## Conviction Information

Have you ever been convicted for a criminal or traffic matter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following information (list juvenile as well as adult occurrences). Whenever a report of an incident is required, be sure that you give all facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate dates or times the events took place and the names of persons or organizations involved.

**Date:** \_\_\_\_\_ **Crime charged:**  
\_\_\_\_\_

**Police agency:**  
\_\_\_\_\_

**City and State:**  
\_\_\_\_\_

**Disposition of case:**  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Crime charged:**  
\_\_\_\_\_

**Police agency:**  
\_\_\_\_\_

**City and State:**  
\_\_\_\_\_

**Disposition of case:**  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Crime charged:**  
\_\_\_\_\_

**Police agency:**  
\_\_\_\_\_

**City and State:**  
\_\_\_\_\_

**Disposition of case:**  
\_\_\_\_\_



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# BROOKINGS FIRE & RESCUE

## Conviction Information Continued

Were you disciplined while in the military service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Date: \_\_\_\_\_ Crime charged:  
\_\_\_\_\_

Military agency:  
\_\_\_\_\_

City, State or Country:  
\_\_\_\_\_

Disposition of case:  
\_\_\_\_\_

Date: \_\_\_\_\_ Crime charged:  
\_\_\_\_\_

Military agency:  
\_\_\_\_\_

City, State or Country:  
\_\_\_\_\_

Disposition of case:  
\_\_\_\_\_

### Certification

I certify that the answers given by me on this application, relative to questions and statements, are true and correct without consequential omissions of any kind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I hereby consent and authorize the Brookings Fire & Rescue Department to request a background investigation from any appropriate agencies. Such investigation may include arrests, convictions, other court matters, employment history, character and qualifications. I understand that any misleading or incorrect statements may render this application void, and if employed, could be cause for termination. I understand that this application does not represent any expressed or implied contract of employment.

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

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