



# Lane Fire Authority BACKGROUND INFORMATION FORM

Position: Firefighter/Paramedic Date: \_\_\_\_\_

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

Other names used:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Gender  MALE  FEMALE  X Disabled  YES  NO

Ethnic Background (check only one): This information is used to accurately locate your records in the Law Enforcement Data System (LEDS).

- A Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- B African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- H Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- I Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- W Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Are you a U.S. Citizen?  Yes  No

## CONTACT INFORMATION

Telephone Numbers: \_\_\_\_\_  
Home Work

Alternate Numbers: \_\_\_\_\_  
Cell Message/Pager

Email Addresses: \_\_\_\_\_  
Home Work

It is important that you are as complete and accurate as possible when providing information on this form. It is better to provide too much detail rather than not enough. Less than full disclosure may give the appearance that you are being less than fully truthful. The information furnished on this form is confidential and is to be used by Lane Fire Authority to determine your qualifications and suitability. Failure to complete this form or provide any other information requested during the course of this investigation may delay or prevent the completion of your background investigation.

**SECTION 1: RESIDENCES/ROOMMATES**

Present Home Address:

Number and Street	From	To
City, State, Zip		

Present Mailing Address:

Number and Street	From	To
City, State, Zip		

List all cities, states and countries in which you have lived during your lifetime.

List all residences in the last ten years, excluding current residence. (include apartment or unit numbers)  
 NOTE: Exclude military service, covered in "Section 4: Military Service". If necessary, add an additional page labeled, "Section 1: Residences".

From	To	Street Address, City, State, Zip
From	To	Street Address, City, State, Zip
From	To	Street Address, City, State, Zip
From	To	Street Address, City, State, Zip
From	To	Street Address, City, State, Zip

List names and dates of birth of all adult occupants of your residence(s).

Full Name	Dates	Date of Birth
Full Name	Dates	Date of Birth
Full Name	Dates	Date of Birth
Full Name	Dates	Date of Birth

## SECTION 2: TRAFFIC RECORD

Are you currently licensed to operate a motor vehicle?

Yes  No

Driver's License Number

State  
Issued

List all other states and countries where you have been licensed to operate a motor vehicle.  
Include dates:

Has your driver's license ever been cancelled, suspended or revoked in any state?  Yes  No  
If "Yes," please list the state(s), provide the date(s), and fully explain:

List all traffic citations, warnings, and automobile accidents in which you were the driver:

## SECTION 3: ARREST RECORD

Have you ever been arrested and/or convicted of any misdemeanor or felony crime, violation,  
and/or infraction, other than traffic infraction?  Yes  No If "Yes," please fully explain:

## SECTION 4: MILITARY SERVICE

**NOTE: This includes active duty, Reserves, National Guard, Coast Guard, and ROTC.**

Have you served in the U.S. Armed Forces?  Yes  No

1. Branch of Service:

2. Dates of Service:

3. Are you currently on active duty?  Yes  No  
No

4. Are you in the Reserves/National **Guard**?  Yes  No

5. If you are currently active duty or a member of Reserves/National Guard, provide the following:

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Unit Mailing Address

Unit Phone Number

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Grade/Rank

Current Duties

**List all military service. Attach military training records, if available.**

While in military service, were you ever:

1. Arrested for any offense?  Yes  No

2. A defendant in a trial?  Yes  No

3. Or did you receive any disciplinary action?  Yes  No

If **“Yes,”** attach an additional page labeled, “Section 5: Military Records,” and explain fully. Include dates, places, law enforcement authority or type, or court martial, charge, and action taken in each incident.

**List all military residences and duty stations:**

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From

To

Branch of Service

Duty Station

---

Assignments and duties

---

Residence address

---

From

To

Branch of Service

Duty Station

---

Assignments and duties

---

Residence address

---

From

To

Branch of Service

Duty Station

**SECTION 5: SECONDARY EDUCATION**

High School: \_\_\_\_\_

Street, City, State, Zip

Highest Grade Completed: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you passed a G.E.D. test?  Yes  No  N/A Year: \_\_\_\_\_ Location: \_\_\_\_\_

**SECTION 6: ADVANCED EDUCATION**

**Account for all college or trade school education. List most recent first. Attach additional pages, if necessary. Attach a copy of all college transcripts.** If you attended school while in the military, include only accredited schools in this section. List all military training in Section 4: Military Service.

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

Street Address, City, State, Zip

Counselor's Name

Phone Number

From

To

Major

Total credits if no degree

Did you Graduate?  Yes  No Degree: \_\_\_\_\_

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

Street Address, City, State, Zip

Counselor's Name

Phone Number

From

To

Major

Total credits if no degree

Did you Graduate?  Yes  No Degree: \_\_\_\_\_

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

Street Address, City, State, Zip

Counselor's Name

Phone Number

From

To

Major

Total credits if no degree

Did you Graduate?  Yes  No Degree: \_\_\_\_\_

**SECTION 7: REFERENCES**

List at least three persons not related by blood or marriage. List individuals who have known you for at least three (3) years. Indicate Mr., Ms., Dr., Rev., etc. Indicate gender if not otherwise apparent.

**DO NOT LIST CURRENT OR FORMER EMPLOYERS, SUPERVISORS OR COWORKERS.**

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**Complete Name of Reference** Years Known

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Residence Street Address, Apt. No., City, State, Zip

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Home Phone Work Phone Cell Phone

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Employer

---

Email address(es)

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**Complete Name of Reference** Years Known

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Residence Street Address, Apt. No., City, State, Zip

---

Home Phone Work Phone Cell Phone

---

Employer

---

Email Address(es)

---

**Complete Name of Reference** Years Known

---

Residence Street Address, Apt. No., City, State, Zip

---

Home Phone Work Phone Cell Phone

---

Employer

---

Email Address(es)

---

**Complete Name of Reference** Years Known

---

Residence Street Address, Apt. No., City, State, Zip

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Home Phone Work Phone Cell Phone

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Employer

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## SECTION 8: EMPLOYMENT REFERENCES

List every period of employment and employer for the last ten years. Include volunteer positions and positions. Begin with your current employment. Account for all periods of unemployment within those ten years. **INCLUDE ALL EXPERIENCE REGARDLESS OF THE ABOVE TIME CONSTRAINT.** Attach additional pages labeled, "Section 8: Employment", if necessary.

For employment history where the employer is a temporary service, please list the business served and the appropriate contact information.

*NOTE: List the details of military service in "Section 4: Military Service". Enter only beginning and ending dates of continuous active duty in one block.*

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Name of Employer/Organization \_\_\_\_\_

Full-time  Part-time  Volunteer  Temporary  Seasonal  Unemployed Salary \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Were you subject to any discipline or corrective action?**  Yes  No If "Yes," please explain:

Provide circumstances, date, place and specific discipline or corrective action imposed.

Reason for leaving:

Lane Fire Authority  may  may not contact my current employer.

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Name of Employer/Organization \_\_\_\_\_

Full-time  Part-time  Volunteer  Temporary  Seasonal  Unemployed Salary \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Were you subject to any discipline or corrective action?**  Yes  No **If "Yes," please explain:**  
Provide circumstances, date, place and specific discipline or corrective action imposed.

Reason for leaving:

Lane Fire Authority  may  may not contact my current employer.



From Date \_\_\_\_\_ To Date \_\_\_\_\_ Name of Employer/Organization \_\_\_\_\_

Full-time  Part-time  Volunteer  Temporary  Seasonal  Unemployed Salary \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Were you subject to any discipline or corrective action?**  Yes  No **If "Yes," please explain:**  
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From Date \_\_\_\_\_ To Date \_\_\_\_\_ Name of Employer/Organization \_\_\_\_\_

Full-time  Part-time  Volunteer  Temporary  Seasonal  Unemployed Salary \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Coworker \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Were you subject to any discipline or corrective action?**  Yes  No **If "Yes," please explain:**

Provide circumstances, date, place and specific discipline or corrective action imposed.

Reason for leaving:

Lane Fire Authority  may  may not contact my current employer.

## **SECTION 9: AFFIRMATION OF INFORMATION**

I hereby certify and affirm that all statements made in this application or appended to it are true and correct, to the best of my knowledge. Additionally, I have made no willful omissions or minimized any of the facts and circumstances as to my personal history. I am aware that withholding pertinent information or information found to be materially or grossly inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination, if I am employed. I understand this is not to be considered as an indication of probable obligation upon the Department to make an appointment, but is only a part of the selection process. I understand that failure on my part to notify the Lane Fire Authority of a change of address within 30-days may subject my file to being closed.

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Name (Print or Type)

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Signature

Date

Email or hand deliver application to: Julie Meriwether [juliemeriwether@lanefire.org](mailto:juliemeriwether@lanefire.org)

Lane Fire Authority  
88050 Territorial Rd.  
Veneta, OR

The Lane Fire Authority is an Equal Opportunity Employer