



Lane Fire Authority

88050 Territorial Hwy., Veneta, Oregon 97487
541.935.2226
www.lanefire.org

Please Print Legibly or use provided fillable pdf

Applicants must include a copy of your resume and a copy of your driver's license.

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED PRONOUNS	
ADDRESS	CITY	STATE	ZIP CODE	
MAILING ADDRESS (if different from street address)	CITY	STATE	ZIP CODE	
CELL PHONE	ALT PHONE	EMAIL ADDRESS		
DRIVERS'S LICENSE #	STATE	EMERGENCY MEDICALTECHNICIAN CERTIFICATION # & LEVEL		
MILITARY SERVICE LEVEL	BRANCH	RANK	STATUS	DATE OF DISCHARGE

EDUCATION – (high school, trade schools, and college)

NAME/LOCATION	YEARS ATTENDED	GRADUATED	MAJOR

EMPLOYMENT

CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO	REASON FOR LEAVING	
SUPERVISOR'S NAME	CONTACT NUMBER	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO	REASON FOR LEAVING	
SUPERVISOR'S NAME	CONTACT NUMBER	

EMPLOYMENT (Continued)

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO	REASON FOR LEAVING	
SUPERVISOR'S NAME	CONTACT NUMBER	

PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE #	YEARS KNOWN

1. Have you ever been arrested and/or convicted of a criminal offense? Yes No If "Yes," please fully explain:
 *An affirmative answer will not automatically disqualify you from consideration

2. Driving History:

- a. Has your drivers license ever been cancelled, suspended or revoked in any state? Yes No

If "Yes," please list the state(s), provide the date(s), and explain:

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

3. Please list ay skills or qualifications that may be pertinent including past service with a FIRE/EMS organization:
 (this could include languages spoken besides English, certifications etc.)

Please contact Julie at 541-935-2226 ext. 200 or juliemeriwether@lanefire.org prior to turning in this application.

PLEASE READ BEFORE SIGNING

I hereby certify that the information given by me on this application is to the best of my ability true and accurate. I understand that this application contains the minimal amount of information needed to verify my qualifications for the position. If accepted, I understand that I may be requested to supply additional information at a later date. I further understand that any misrepresentation or omission of information called for in this application is cause for cancellation of this application and/or dismissal from volunteer service.

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, have made application for volunteer service with Lane Fire Authority. I hereby authorize Lane Fire Authority and/or its agents to verify the information given by me on this application. I understand that the Fire Authority or its agents may contact my former employers, my current employer, law enforcement agencies, State and Federal Agencies and departments, educational institutions, and private business corporations that I have referred to on my application. I further understand that the Fire Authority and its agents will use this verification process in a confidential manner.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Received: _____ Time Received: _____ Initials: _____