



Gearhart Volunteer Fire Department

P.O. Box 2530 | Gearhart, OR 97138

O: 503-738-7838 / F: 503-738-9385

JoshComo@CityofGearhart.com | Apark@CityofGearhart.com

www.GearhartFire.com



Application for EMS Only Position

Please complete the following forms and return them to the Fire Department or City Hall offices

1. General Application

- a. Background Check Release
- b. Statement of Vaccination or Waver
- c. Release of Training Records
- d. General Requirements for Successful Applicants

After the application has been received and reviewed, an interview will be scheduled with the applicant to meet with the membership committee. This will give the applicant and the department an opportunity to ask questions and exchange information not contained in the application.

You are welcomed and encouraged to attend any drills prior to the interview.

If you should have any questions, please contact the fire department or Fire Chief using any of the information found above.

Due to recent changes in the Department of Public Safety Standards and Training Fire Certification Program the "highlighted" areas within the application are required to be included in any application for membership by the fire department (OAR 259-009-0070).

*You must be **18 years or older** to apply for this position.*

Work History

List work history for the past five years:

Name of Business/Organization

Supervisor

Phone #

Personal References

List three personal references (excluding family and relatives):

First

Last

Address

Phone #

Criminal History

Have you ever been arrested or convicted of a crime? Yes No
(If yes, please explain)

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Attach/return additional sheet if necessary

Driving Record

Do you have a current valid driver license? Yes No
Has your driver license ever been suspended? Yes No (If yes, why?)

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Attach/return additional sheet if necessary

Educational History

High School Diploma GED Name of School: _____

College College name: _____

Major: _____

Some School Years attended: _____ Graduated: _____

Military History

Veteran: Yes No Active: Yes No Duty Station: _____

Discharged: Honorable General

Under less than honorable Bad Conduct Dishonorable Dismissal

Drug and/or Alcohol Use

Have you ever used illegal drugs? Yes No

Do you currently use intoxicating substances (prescribed or Recreational)? Yes No

Have you ever been arrested for any drug and/or alcohol related activity? Yes No

Have you ever been convicted for driving under the influence of intoxicants? Yes No

Please list any special training/skills/background

Attach/return additional sheets if necessary

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMMISION OF FACTS CALL FOR IN THIS APPLICATION IS CAUSE FOR CALCELLATION OF THE APPLICATION AND/OR DISMISSAL FROM THE *Gearhart Volunteer Fire Department.*

Applicant Signature: _____ Date: _____



BACKGROUND HISTORY CHECK – RELEASE AUTHORIZATION FORM

(Section A)

GEARHART VOLUNTEER FIRE DEPARTMENT

670 Pacific Way | P.O. Box 2530 | Gearhart, OR 97138 | Office (503) 738-7838 | Fax (503) 738-9385

The Gearhart Fire Department is authorized by ORS 181.555, ORS 802.179, to conduct criminal and driving record background checks to qualify an individual for employment, volunteer service, or licensing. In conducting criminal and driving record background checks, the Gearhart Fire Department may use information maintained by OSP, FBI, DMV, law enforcement, and other record resources.

I authorize the Gearhart Fire Department to obtain arrest information, criminal history records, and driving records. I hereby authorize release of information, which may be considered, in evaluating my qualifications. This authorization allows for Gearhart Fire Department to obtain information of confidential and privileged nature.

APPLICATION INFORMATION		
DATE:	VOLUNTEER POSITION, EMPLOYMENT POSITION, OR LICENSE:	
FULL NAME:		AKA's:
DOB:	SSN:	DRIVER'S LICENSE / STATE ID #:

CRIMINAL HISTORY	
HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF ANY CRIME? (IF YES, LIST DATE, CHARGE, LOCATION)	___Y ___N

MOTOR VEHICLE OPERATION	
HAVE YOU EVER BEEN CITED OR ARRESTED FOR A MOTOR VEHICLE CRIME OR VIOLATION? (IF YES, LIST DATE, CHARGE, LOCATION)	___Y ___N

By signing below, I verify the information I provided on this document is true and accurate and subject to verification. I understand that any false statements or omissions may deny me from volunteer service, employment, or licensing with the Gearhart Fire Department. I specifically waive any rights to review or inspect any of the information obtained.

Dated this ____ day of _____, 20__

Signature of Applicant

State of OREGON

County of Clatsop

Signed (or attested) before me on _____, 20__

by:

Applicant Name

Notary Public – State of Oregon

NOTARY REQUIRED

NOTICE TO EMPLOYERS:

Oregon Revised Statute 30.178 states: "An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith, and unless lack of good faith is shown by a preponderance of the evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebuffed upon showing that the information disclosed by the employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under ORS chapter 659

Gearhart Fire Department

Statement of Hepatitis “B” Vaccination or Waiver

(Section B)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

PLEASE FILL IN THE BLANKS AS THEY APPLY TO YOU.

I, _____ have received the required inoculations for
Print name
Hepatitis B virus (HBV).

Location of Inoculation (hospital, clinic, etc..)

Approximate Date(s): _____
Date of 1st Inoculation Date of 2nd Inoculation Date of 3rd Inoculation

Sponsoring Agency (FD, hospital, work, school, etc.): _____

Name of Applicant (print)

Signature of Applicant

Date

I, _____ **DECLINE** Hepatitis B (HBV) vaccination at this time.
Print name

I understand that by declining vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name of Applicant (print)

Signature of Applicant

Date

Gearhart Fire Department

Release of Training Records

(Section C)

I, _____ hereby give my authorization for a copy of all my

Print name

My training records from _____, be

Print organizations name

Released to Gearhart Fire Department.

Name of Applicant (print)

Signature of Applicant

Date

ADDITIONAL INFORMATION IF NECESSARY:

Gearhart Fire Department

Requirements for all new successful applicants

(Section D)

- Oregon EMR, EMT, or Paramedic License
- Complete the BLS Healthcare Provider CPR course (instructed yearly in house)
- Complete the following online courses within first 3 months of hire.
(print or e-mail the certificate to the Dept. Training Officer)
 - Hazmat Awareness
 - ICS 100
 - ICS 700
 - NFPA Driver

For office use only

- Phone Call
(Orientation guidebook, FFI task book, 6mon. training cal.
box alarms, policy book, bylaws, protocols)
- Apply for DPSST # or affiliation
 - Applicant Fingerprints
- Paperback File
- Online archive File
- First Due, Profile

- Medical PPE
- Electronic Incident Paging

- Sun Life AD&D Policy (submitted within 6 months)
- Employment Paperwork (submitted within 6 months)