

## 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



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# **Application for Auxillary Position**

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

- 1. General Application
  - a. Background Check Release

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.

# Gearhart Fire Department Application for Membership

Name:			DOB:			
Last,	First	MI				
Address:			<del> </del>			
(Street)	(City)					
Mailing Address if differ	ent:					
	(P.O. Box)	(Cit	••			
Home Phone:		Work Phone:				
Cell Phone:						
0 1 10 11 11		<b>5</b>				
Social Security #:		Drivers License #	:			
State:						
Diaco of Employments						
Place of Employment:						
Availability for Fire/EMS	Incidents: Daytime	e Night	Weekends			
Will your employer relea	ase you for Emerge	ncy Incidents? Yes	No			
The second secon	,					
E-Mail Address:						
	***Emerge	ncy Contact Infori	mation***			
Emergency Contact Nam	_	-				
Linergency Contact Nan	First	Last				
Relationship:			Cell #:			
relationship.						
Address:						
(Street)	(City)	(Sta	ite) (Zip)			
	***Dc	ersonal Informatio	n***			
Consuma Names						
Spouse Name:		Pr	none #:			
First	Last					

Revised: February 2025

### Work History

List work history for the past five years:

me of Business/Organization		Supervisor		Phone #
	P	ersonal Refe	<mark>erences</mark>	
	List three personal ref	erences (exc	cluding family	and relatives):
rst	Last	Address		Phone #
		<mark>Criminal Hi</mark>	story	
Hav	e you ever been arreste	d or convicte	ed of a crime?	Yes No
		f yes, please		
	· · ·	700, p. 0000		
	Attacl	h/return additional sl	neet if necessary	
	Attacl			
		Driving Re	cord	
	Attack rent valid driver license? ense ever been suspende	Driving Re		(If yes, why?)

Attach/return additional sheet if necessary

### **Educational History**

High School D	iploma GI	ED Name	of Scho	ool:		<del></del>
College	College name:					
Major:						
Some School Years attended:		Gradu	ated:			
Veteran: Yes	No	Milita Active: Yes	<mark>ry Histo</mark> No	<mark>ry</mark> Duty Station:_		
Discharged: H	onorable	General				
Under less tha	ın honorable	Bad Conduct		Dishonorable	Disr	missal
		Drug and/o		ol Use		
Have you ever	used illegal drugs	s? Yes	No			
Do you curren	tly use intoxicatin	g substances (pres	cribed o	or Recreational)?	Yes	No
Have you ever	been arrested fo	r any drug and/or a	alcohol	related activity?	Yes	No
Have you ever	been convicted f	or driving under th	e influe	nce of intoxicants?	Yes	No
	Pleas	se list any special t	raining	/skills/background		
		Attach/return addi	tional sheets	if necessary		
I HEREBY CER	TIFY THAT THIS A	PPLICATION CONT	AINS NO	O MISREPRESENTAT	TION OR	FALSIFACTION
				PLETE TO THE BEST		
_				OMMISION OF FACT		
APPLICATION IS CAUSE FOR CALCELLATION OF THE APPLICATION AND/OR DISMISSAL FROM THE Gearhart Volunteer Fire Department.						
Applies at Ciar	atura			D	ha.	
Applicant Sign	ature:			Da <sup>-</sup>	ιe:	<del></del>

Revised: February 2025





### **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.

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 A	NY CRIME? (IF YES, LIS	T DATE, CHA	RGE, LOCATION)	YN
MOTOR VEHICLE OPERATION					
HAVE YOU EVER BEEN CITED OR A	ARRESTED FOR A MOTOR \	/EHICLE CRIME OR VIO	LATION? (IF	YES, LIST DATE, CHARGE, LOCATION)	YN
	•			urate and subject to verification. I understand th	•
rights to review or inspect	• •		nt, or licensi	ng with the Gearhart Fire Department. I specific	ally waive any
Dated this day of _	20				
butcu tilis uuy oi _		<del></del>		Signature of Applicant	_
State of OREGON					
County of Clatsop		20	h		
Signed (or attested) before	: me on	_, 20	by:	Applicant Name	_
Notary Publ	ic – 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