



HOODLAND FIRE DISTRICT #74

STUDENT PROGRAM APPLICATION

INSTRUCTIONS:

- Please print legibly or type your answers.
- Answer each question fully and accurately.
- If you need additional space, continue your answer(s) on a separate sheet of paper.
- No action can be taken on this application if it is incomplete and unanswered.
- Do not sign the application digitally.
- Application packet will not be accepted electronically.

APPLICATIONS SUBMITTAL:

Candidates must include the following items in their application packet:

- Student Application
- Attach Copy of Current Valid Driver's License (front and back)
- Attach Copy of High School Diploma, G.E.D., or Certificate of Advanced Mastery (or expected date of certification)
- Attach Copies of additional documentation, certifications, licenses, etc. (if applicable)

Deliver or send applications to the address below:

Hoodland Fire District #74
Re: Student Application
69634 E. Hwy 26
Welches, OR 97067

EQUAL EMPLOYMENT OPPORTUNITY: Hoodland Fire District #74 (HFD) is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service, or any state of Oregon protected classifications. HFD does not discriminate against any candidate or employee in hiring or in the terms, conditions, and privileges of employment based upon genetic information, pregnancy, childbirth, sexual orientation and gender identity, or related medical conditions. HFD will make reasonable accommodations for qualified employees with physical or mental disabilities and for employee's religious beliefs that conflict with a workplace rule or function. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.



HOODLAND FIRE DISTRICT #74 STUDENT PROGRAM APPLICATION

Applicant's Name: _____

FOR OFFICE USE ONLY

Application Received		Initials _____	Date _____
Resume Received		Initials _____	Date _____
Certificates Received (if applicable)		Initials _____	Date _____
Background Investigation		Initials _____	Date _____
Fire Chief Review		Initials _____	Date _____
Review Committee / Interview	ACCEPT _____ DENY _____	Initials _____	Date _____
*Acceptance Date _____	Signed _____	Title _____	
Entry Level Agility Test	PASS _____ FAIL _____	Initials _____	Date _____
EMS Protocol Test (if applicable)		Initials _____	Date _____
Life Insurance Form completed		Initials _____	Date _____
LOSAP Form completed		Initials _____	Date _____
Provident Insurance Form completed		Initials _____	Date _____
USCIS I-9 Form completed		Initials _____	Date _____
IRS Tax forms completed		Initials _____	Date _____
Wellness/Fitness Evaluation and physical		Initials _____	Date _____
Worker's Comp		Initials _____	Date _____
Computer and Electronic Mail SOG #1-09 Acknowledgement		Initials _____	Date _____
Facilities and Security SOG #1-06 Acknowledgment		Initials _____	Date _____
Email Address assigned		Initials _____	Date _____
Target Solutions Login		Initials _____	Date _____
Door Code		Initials _____	Date _____

Personnel # _____

DPSST # _____



HOODLAND FIRE DISTRICT #74

STUDENT PROGRAM APPLICATION

PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone #:		Cell Phone #:	
Email Address:			

INTERNSHIP ELIGIBILITY

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Successful candidates will be required to prove identity and eligibility for employment by providing the required documentation to complete an I-9 Form.

EDUCATION

Please list below any education, training and/or specialized experience such as high school, college, degrees, licenses, vocational, technical, military experience, etc. that you feel would help you perform the work for which you are applying.	
DEGREES, LICENSES, RELEVANT EDUCATION, OR TRAINING	WHERE DID YOU ACQUIRE IT (NAME OF SCHOOL, PROGRAM, ETC.)

EMPLOYMENT HISTORY

List names of employers in chronological order with present or last employer listed first. (Please include a resume with application.)

1. Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Phone:	
Supervisor:		Title:	
Job Title:	From:	To:	
Description of duties:			
Reasons for leaving:			

2. Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Phone:	
Supervisor:		Title:	
Job Title:	From:	To:	
Description of duties:			
Reasons for leaving:			

3. Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Phone:	
Supervisor:		Title:	
Job Title:	From:	To:	
Description of duties:			
Reasons for leaving:			

SUPPLEMENTAL QUESTIONS

Why do you want to become a student at Hoodland Fire District #74?:

Describe any additional skills or qualifications that you possess:

REFERENCES

Provide three (3) references (Don't include employers listed in Employment History section):			
NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			
3.			

IN CASE OF EMERGENCY CONTACTS

List In Case of Emergency Contacts in order of who should be contacted first.			
NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

VERIFICATION AND SIGNATURE

1.	I authorize the investigation of all matters which Hoodland Fire District #74 deems relevant to my qualifications for internship, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release Hoodland Fire District #74 from all liability, which might result from making the investigation.
2.	I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.
3.	I understand that I may be required to submit to pre or post-internship physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Hoodland Fire District #74's expense. I authorize release of the results to Hoodland Fire District #74 for their use to evaluate my suitability for internship. I also release Hoodland Fire District #74 from all liability arising out of, or connected with, examinations and/or testing.
4.	I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.
5.	I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents. <input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature Date </div>	
For Office Use only – Reviewer Signature and certification that candidate meets minimum requirements	
Reviewer Name: _____ Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	