



# TURNER FIRE DISTRICT

7605 3<sup>rd</sup> Street SE  
Turner, Oregon 97392  
(503) 743-2190

Office Use Only

Application Received: \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_

Accept: \_\_\_\_\_

Denied: \_\_\_\_\_

## Application for Service

- Procedure:
1. Complete and return application – please print or type
  2. Include the following with your application:
    - a. A letter or certificate from a physician that states you are physically fit to perform the duties of a firefighter.
    - b. Return two (2) completed Reference Forms, one personal, one professional or educational.
    - c. Attach any letters of reference.
    - d. Attach a copy of any fire and EMS certificates or licenses.
    - e. Attach a photo copy of your Oregon Drivers License and driving record from DMV.

LAST NAME	FIRST	MIDDLE
STREET / P.O. BOX	CITY, STATE	ZIP
HOME PHONE	WORK PHONE	CELL
ARE YOU 18 YEARS OF AGE OR OLDER?	DATE OF BIRTH	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER / STATE	EXPIRATION DATE
EMAIL ADDRESS 1	EMAIL ADDRESS WRK	PAGER

### IN CASE OF EMERGENCY, THE FOLLOWING PERSON SHOULD BE CONTACTED

NAME	RELATIONSHIP TO APPLICANT
HOME PHONE	WORK PHONE
ADDRESS	CITY, STATE, ZIP

CURRENT EMPLOYER	DATES OF EMPLOYMENT	EMPLOYER PHONE NUMBER
ADDRESS	CITY, STATE	ZIP
FORMER EMPLOYER IF LESS THAN 2 YRS	DATES OF EMPLOYMENT	EMPLOYER PHONE NUMBER
ADDRESS	CITY, STATE	ZIP

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (CIRCLE ONE) **YES** **NO**

POSITIONS MAY NOT BE HELD BY PERSONS CONVICTED OF CERTAIN CRIMES. HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN MISDEMEANORS AND SUMMARY OFFENSES? IF YES, PLEASE DESCRIBE ON A SEPARTE SHEET OF PAPER AND ATTACH TO YOUR APPLICATION.

Have you ever been an employee / volunteer of a fire department? **YES** **NO**  
If yes, please describe when and where below.

Volunteer firefighters are subject to response without prior notice. Which days of the week and time of the day are you most readily available to respond?

Are you available for drills and business meetings on Tuesday evenings? **YES** **NO**  
If no, please explain below.

What is the highest grade of school you have completed?

High school Diploma or GED received from: \_\_\_\_\_ Year: \_\_\_\_\_

What training, certification, skills, and experience do you bring to Turner Fire District?

What are your goals, both short-term and long-term, related to training, fire and EMS?

**Our Mission: "With cooperation, teamwork and the Public's trust, the Turner Fire District will dutifully serve our community by protecting the citizens, the property and the environment through fire suppression, fire prevention and emergency medical service."**

What qualities do you bring to Turner Fire District that will help us fulfill our mission?

I authorize the Turner Fire District to make any necessary and appropriate investigations to verify the information contained herein, and release from all liability any persons, companies or corporations supplying information pertaining to me.

NOTE: It is possible that certain test will be given by the Turner Fire District for clarification of skills.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION FORM, TWO(2) REFERENCE FORMS, AND ALL ATTACHEMENTS TO:

**TURNER FIRE DISTRICT**  
**7605 3<sup>rd</sup> Street SE**  
**Turner, OR 97392**  
**(503) 743-2190**

