



**Klamath County Fire District No. 1**  
143 North Broad Street • Klamath Falls, Oregon 97601  
Phone: (541) 885-2056 • Fax: (541) 884-6920 • [kcf1@kcf1.com](mailto:kcf1@kcf1.com)

## Application for Employment

Applicants for all positions are considered without regard to race, color, religion, sex, sexual orientation, gender ID, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Under Oregon law, armed forces veterans who meet minimum qualifications for a position may be eligible for employment preference. If you are a veteran and want to apply for preference points, please submit a completed Klamath County Fire District No. 1 Veterans' Preference form as well as the required documentation listed on the form.

\_\_\_\_\_ Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Telephone Number (s) \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever filed an application with us before? Yes No If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before? Yes No If Yes, give date: \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on laid-off status and subject to recall? Yes No

Are you legally eligible to work in the United States? Yes No

If hired, what date would you be available to begin work?  
\_\_\_\_\_

## Employment Experience

Starting with your present employment, document your last 10 years of employment. Include any job related military service assignments. Volunteer activities may be included if you desire, but you are not required to disclose any protected status information.

<b>Employer</b>	Dates Employed		Work Performed	
	From	To		
Job Title				
Address	Hourly Rate/Salary			
	Starting	Final		
Telephone Number(s)				
Reason for Leaving:				Supervisor:
<b>Employer</b>	Dates Employed			Work Performed
	From	To		
Job Title				
Address	Hourly Rate/Salary			
	Starting	Final		
Telephone Number(s)				
Reason for Leaving:			Supervisor:	
<b>Employer</b>	Dates Employed		Work Performed	
	From	To		
Job Title				
Address	Hourly Rate/Salary			
	Starting	Final		
Telephone Number(s)				
Reason for Leaving:				Supervisor:
<b>Employer</b>	Dates Employed			Work Performed
	From	To		
Job Title				
Address	Hourly Rate/Salary			
	Starting	Final		
Telephone Number(s)				
Reason for Leaving:			Supervisor:	



**APPLICANT'S STATEMENT**  
**PLEASE READ CAREFULLY**

In exchange for the consideration for my job application by Klamath County Fire District No.1 (District No. 1), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for rejection for my application or dismissal from employment at any time without any previous notice. I hereby give District No.1 permission to review public records regarding my personal and professional background, and to contact schools, previous employers, references, and others, and hereby release District No. 1 from any liability as a result of such contacts. I agree to immediately notify District No. 1 if I should be convicted of a crime while my job application is pending, or during my period of employment, if hired.

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. If employed, I understand that District No. 1 may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction on benefits. I further understand that, if selected as a finalist, I will be required to take and pass a drug and alcohol test prior to appointment to this position. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please attach copies of the following to this application:

- Cover Letter
- Resume
- Veteran's Preference form (if applicable)

<b>For Department Use Only</b>			
Meets Qualifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Invited to Test: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: _____ _____			
Invitation Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Participated in Testing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	