	Return applications to: **Chief Dan Tucker** **Black Butte Ranch RFPD** **POB 8000 PMB 8190** **Sisters, OR 97759** **Phone: (541) 595-2288** ***Black Butte Ranch RFPD does not accept faxed or e-mailed applications.***

BLACK BUTTE RANCH RFPD

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Black Butte Ranch Rural Fire Protection District provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

IF HIRED, THIS APPLICATION WILL BE COME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY IF HAND WRITTEN. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position Applying For:	Available Start Date:

PERSONAL INFORMATION

Name (Last, First, MI):
Mailing Address:
City, State, And Zip Code:
Home Telephone: Cell Phone:
Message (If Different):
E-mail Address:
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No (Proof of identity will be required upon employment)

EDUCATION AND TRAINING HISTORY

Do you have a high school diploma or GED certificate? (Circle One) YES NO

List high schools, colleges, military, trade, business, or other schools attended:

Name And Location Of School	*Course Of Study*	*Credits Earned In Quarter Or Semester Hours*	*Graduated (Yes/No)*	*Degree Or Certificate Received*

LICENSES, REGISTRATIONS, CERTIFICATES

List any professional license, registration, certificate, etc. and provide description, issuing state or agency, number, and expiration date. For those positions which require a driver's license, driving records may be reviewed:

Description	***Issuing State /Agency***	***ID Number***	***Exp. Date***

SPECIALIZED SKILLS AND KNOWLEDGE

List any specialized skills or knowledge that demonstrates your ability to perform the job for which you are applying (accounting software programs, A/R, A/P, medical billing, HIPPA, other software, keyboarding speed, etc.): *please use additional paper if needed*

WORK HISTORY

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

JOB NUMBER 1	Job Title				
Name of Employer			Supervisor's Name		Supervisor's Title
Employer's Address			City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk:		

DUTIES:

AREAS OF RESPONSIBILITY (Please list)

May we contact this employer? ☐ Yes ☐ No	Reason for leaving:

Other comments:

JOB NUMBER 2	Job Title				
Name of Employer			Supervisor's Name		Supervisor's Title
Employer's Address			City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk:		

DUTIES:

AREAS OF RESPONSIBILITY (Please list)

May we contact this employer? ☐ Yes ☐ No:	Reason for leaving:

Other comments:

JOB NUMBER 3	Job Title				
Name of Employer			Supervisor's Name		Supervisor's Title
Employer's Address			City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk:		
DUTIES:					
AREAS OF RESPONSIBILITY (Please list)					
May we contact this employer? ☐ Yes ☐ No:			Reason for leaving:		
Other comments:					

JOB NUMBER 4	Job Title				
Name of Employer			Supervisor's Name		Supervisor's Title
Employer's Address			City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk:		
DUTIES:					
AREAS OF RESPONSIBILITY (Please list)					
May we contact this employer? ☐ Yes ☐ No:			Reason for leaving:		
Other comments:					

REFERENCES

Name	Title
Company	Relationship to You
Phone	Email

Name	Title
Company	Relationship to You
Phone	Email

Name	Title
Company	Relationship to You
Phone	Email

CERTIFICATION & SIGNATURE

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.
- I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation
  - Yes
  - No Explanation: _____

Signature (must be in ink):	Date:

Black Butte Ranch RFPD

Veterans' Preference Form

(For Paid Employment Only, not for Student or Volunteer Positions)

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call Black Butte Ranch RFPD 541-595-2288.

This completed form and the required documentation must be submitted to Black Butte Ranch RFPD at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: **You may claim veterans' preference if you check at least one of the boxes in the seven sections below and provide proof of eligibility by submitting a copy of your DD-214 (or DD 215).**

ORS 408.225(e,A,B,C)

Served on active duty with the Armed Forces of the United States:**

__ For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
__ For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions;
__ For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
__ For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
__ For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
__ Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or
__ Is receiving a non-service-connected pension from the United States Department of Veterans Affairs.

**"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

B. QUALIFIED DISABLED VETERAN QUESTIONS: **You may claim additional employment preference if you can check at least one box in the three sections below and provide proof of eligibility by submitting both of the documents listed below:**

1. **A copy of your DD-214 (or 215), Certificate of Release and Discharge, Copy 4, and**
2. **A public employment preference letter from the United States Department of Veterans' Affairs. To order the letter, call 1-800-827-1000 and request a public employment preference letter.**

ORS 408.225(c)

☐ I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
☐ I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
☐ I was awarded the Purple Heart for wounds received in combat.

I hereby claim veterans' preference points and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

_____ _____ - _____ - _____
Print Name **Social Security Number**

_____ _____
Signature of Applicant **Date**

Position Applied for _____

ORS 408.225-230

Preference will not be awarded without the appropriate documentation. You must submit your DD-214 (or 215) in all cases. If you are claiming disabled veteran points, you must also submit the public employment preference letter from the Department of Veteran's Affairs. You will not receive preference without these accompanying documents.