



Three River Rural Fire Protection District

5055 SW Lake View Dr

Culver, OR 97734

To whom it may concern:

Attached is my application for membership with the Three Rivers Rural Fire Protection District. I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the Three River Rural Fire Protection District.

I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; a resident of Jefferson County or its vicinity; hold a current Oregon driver's license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Three Rivers Rural Fire Protection district. I also consent to the interview of any references provided herein, and to any background investigation needed by any Police organization. I understand that I am subject to an agility test, a physical examination, and a drug screen.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the Three Rivers Rural Fire Protection District itself without recourse

Applicant's Signature

Date of Application



Three Rivers Rural Fire Protection District

Membership Application

Please **PRINT** all information in block capital letters.

Personal Information		
Last Name:	First Name:	Full Middle Name:
Current Address (No PO Boxes):		Sex: Male Female
Home Phone: ()	Work Phone: ()	Cell Phone: ()
Alternate Phone: ()	Email Address:	
Military Service		
Have you ever served in the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", branch: _____		
Dates of Service: from / / to / / Type of Discharge:		
Employment History		
Present Employer:	Supervisor's Name:	Supervisor's Phone: ()
Work Address:		Position Held:
		How Long With Present Employer:
Work Schedule: Straight Days Straight Nights Straight Evenings Rotating Shift		Shift Length: 8 Hour Shifts 12 Hour Shifts 10 Hour Shifts 24 Hour Shifts
If less than five (5) years with present employer, list previous employer(s)		
Employer Name:	Address:	
Phone:	Reason for Leaving:	
Employer Name:	Address:	
Phone:	Reason for Leaving:	
Employer Name:	Address:	
Phone:	Reason for Leaving:	

Background Information

Do you have charges pending or have you admitted guilt or been found guilty including Deferred Adjudication of committing any felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI.) Yes No

If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case.

Education

Institution Name	State	Dates of Attendance		Did you Graduate?
		From	Until	
High School				
College				
College				
College				

If you did not graduate from high school, did you attain a GED? Yes No
 If yes, in what state did you receive your GED _____

Fire Fighting Experience and Training

Have you previously been a member of one (1) or more Fire Departments or brigades?				Yes	No
Fire Department / Company Name	Address	From	Member Until		

Have you attended any fire fighting schools previously? Yes No

If yes, include copies of any certificates you have received with this application.

Statement of Veracity

Review your answers carefully and read the statement below before signing:

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully.

I understand that failure to answer all questions completely and truthfully will subject me to dismissal from the Three Rivers Rural Fire Protection District

Applicant's Signature

Date

Should you have any questions concerning this application, please call the Fire Department at (541) 771-0992, Monday through Friday between the hours of 9:00 AM and 5:00 PM.

Visit our website at : www.ThreeRiversFire.org

IMPORTANT !!

Deliver or mail this application to the Fire Station at the address below.

THREE RIVERS Rural Fire Protection District
Attn: Application
5055 SW Lakeview Dr.
Culver, OR 97734

Checklist of Items to Include With Application

A copy of your driver's license

A copy of your GED certificate if you did not graduate from High School

Copies of fire service training records and certificates

Please deliver or mail this application to the Fire Department Administration office at the address below.

THREE RIVERS Rural Fire Protection District

Attn: Application

5055 SW Lakeview Dr.

Culver, OR 97734