

**CENTRAL OREGON FIRE AGENCIES - JOINT RECRUITMENT SCHOLARSHIP
APPLICATION PROCESS**

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Full Name of Applicant: _____

Disclaimer: Please initial that you have Read and Understand the following:

- COCC is an unbiased neutral party. The testing process is that of the Central Oregon Fire Agencies NOT Central Oregon Community College (COCC). COCC provides the logistical facilitation and is an unbiased holder of the paperwork.

Initial _____

- Selections and Scholarship awards will be made by the fire agencies as a collaborative effort. Selections will be made by the department representatives based on your performance and ranking in all the testing areas. The final decision for your scholarship will be made solely by the Fire Chief or Designee of the Fire Department that has chosen you.

Initial _____

- By choosing any of the departments, you are **NOT** guaranteed a position within the departments and you are **NOT** guaranteed a scholarship with any of the departments.

Initial _____

- INCOMPLETE applications will NOT be accepted!

Initial _____

- I understand that I must have made contact with all the departments that I have listed as my 1st, 2nd and 3rd choices.

Initial _____

- I understand that a background check will be required to have been started by March 10th, 2017, prior to the testing date and that there is a cost associated with it.

Initial _____

- I understand that if I am selected by an agency, there may be additional documentation required by the agencies specific to that agency.

Initial _____

CENTRAL OREGON FIRE AGENCIES JOINT AFFILIATION RECRUITMENT

Valid EMAIL is crucial for this application process! Please make sure you have included a good phone number and email address. All correspondence regarding the testing process will be via email.

APPLICATION

PLEASE PRINT LEGIBLY!

Application Information

Full Name _____ Date _____
Last First MI

Address _____

Phone (____) _____ Email Address _____

Driver's License Number _____ State Issued _____

	YES	NO	
Are you a citizen of the United States?	[]	[]	
Have you ever been affiliated?	[]	[]	If so, where? _____
Have you ever been convicted of a felony?	[]	[]	
If yes, explain _____			

Education

High School _____ City & State _____

From _____ to _____ Did you Graduate? YES NO
[] [] Degree _____

College _____ City & State _____

From _____ to _____ Did you Graduate? YES NO
[] [] Degree _____

College _____ City & State _____

From _____ to _____ Did you Graduate? YES NO
[] [] Degree _____

Other _____ City & State _____

From _____ to _____ Did you Graduate? YES NO
[] [] Degree _____

References

Please list 5 references with at least two (2) of them being professional references

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

Employment History

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your supervisor (or previous supervisor) for a reference? YES NO
[] []

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your supervisor (or previous supervisor) for a reference? YES NO
[] []

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your supervisor (or previous supervisor) for a reference? YES NO
[] []

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your supervisor (or previous supervisor) for a reference? YES NO
[] []

Training and Education Information

1ST 2ND 3RD

If a current COCC Student, what year are you? [] [] []

Which degree are you pursuing first, EMS or Structure Fire? _____

Do you have any of the following certifications currently?

	YES	NO	
First Responder	[]	[]	If yes, date certified _____
EMT-Basic	[]	[]	If yes, date certified _____
EMT-Paramedic	[]	[]	If yes, date certified _____
NFPA Firefighter I	[]	[]	If yes, date certified _____
NFPA Firefighter II	[]	[]	If yes, date certified _____
NFPA Driver	[]	[]	If yes, date certified _____
NWCG S-130/190	[]	[]	If yes, date certified _____
NWCG S-215	[]	[]	If yes, date certified _____
Hazmat Awareness	[]	[]	If yes, date certified _____
Hazmat Operations	[]	[]	If yes, date certified _____
NWCG or FEMA I-100	[]	[]	If yes, date certified _____
NWCG or FEMA I-200	[]	[]	If yes, date certified _____
FEMA IS-700	[]	[]	If yes, date certified _____
FEMA IS-800	[]	[]	If yes, date certified _____

List any other certifications pertinent to affiliation _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to affiliation, I understand that false or misleading information in my application or interview may result in my release.*

All information included in this packet will be kept Personal and Confidential by the Central Oregon Fire Agencies and Central Oregon Community College Fire Program Director.

Signature _____ Date _____

Application Remittance Information and Check-off List

Please make sure ALL of the following are included when you send back or turn in your application:

Disclaimer
Application
Authorization to Check Work History
Personal History Statement
Waiver of Liability Statement
Agency Identification Form

If any of the above documentation is missing from your application packet and/or you do not sign all required signatures and provide us with a correct address, phone and email it will result in a disqualify.

**Please send the completed application by
March 1ST, 2017 no later than 5pm**

All applications received by mail must be postmarked no later than March 1, 2017

Please return application to: Paula Simone – COCC
Ponderosa Building
2600 NW College Way
Bend, OR 97703

CENTRAL OREGON FIRE AGENCIES

JOINT AFFILIATION RECRUITMENT

Authorization to Check Work History and Release of Prior Employers

I authorize CENTRAL OREGON COMMUNITY COLLEGE FIRE PROGRAM DIRECTOR and the CENTRAL OREGON FIRE AGENCIES to check my references and to otherwise verify the accuracy of information contained in my application for a student position and/or employment in a reserve program. I further authorize my past employers and educational institutions with information about my work history and education to provide such information to CENTRAL OREGON COMMUNITY COLLEGE FIRE PROGRAM DIRECTOR and the CENTRAL OREGON FIRE AGENCIES in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) Central Oregon Community College and the Central Oregon Fire Agencies, its representatives, and anyone supplying such information to Central Oregon Community College and the Central Oregon Fire Agencies.

Name

Signed: _____ Date _____

**CENTRAL OREGON FIRE AGENCIES
JOINT AFFILIATION RECRUITMENT**

PERSONAL HISTORY STATEMENT

Name _____
Last First MI

Present Address _____
Street & Number City State Zip

Permanent Address _____
Street & Number City State Zip

Phone _____ Email _____

Date of Birth _____
Month day year

Any physical problems/medical problems? [] No [] Yes. If yes, please explain _____

Date of last doctor's visit: _____ Reason _____

Has your driver's license ever been suspended or revoked? [] No [] Yes. If yes, explain _____

Have you ever been convicted of a crime? [] No [] Yes. If yes, explain _____

All information included on this form will be kept Personal and Confidential by the Central Oregon Fire Agencies and Central Oregon Community College Fire Program Director.

Signature _____ Date _____

**CENTRAL OREGON FIRE AGENCIES
JOINT AFFILIATION RECRUITMENT**

WAIVER OF LIABILITY STATEMENT

I, _____, have expressed an interest in becoming a participant in the Central Oregon Fire Agencies Joint Affiliation Recruitment program. I understand that as a part of the application process I must complete a physical ability course to demonstrate my ability to perform the tasks associated with firefighting and emergency medical services activities. I also understand that the physical ability demonstration may be physically demanding.

With this understanding, I request the opportunity to participate in the physical ability demonstration and practice the physical ability test, as a part of the application process, and release Central Oregon Community College and the Central Oregon Fire Agencies, and any members or representatives thereof from any and all liability with regard to any injury or illness of any kind resulting from my participation in the physical ability demonstration process.

Applicant Signature

Date

(If the applicant is under the age of 18, a parent/guardian must also sign below to consent and grant permission for named applicant to participate in the above listed activity.)

Signature

Date: _____ Parent/Guardian

**Central Oregon Fire Agencies
Joint Affiliation Recruitment
AGENCY IDENTIFICATION FORM**

I, _____ have chosen the following Fire
Fist and Last Name

Departments as my 1st, 2nd and 3rd choices and I have made contact with the person listed as a representative at that department on the date below:

#1 _____

Agency Contact: _____ Date: _____

#2 _____

Agency Contact: _____ Date: _____

#3 _____

Agency Contact: _____ Date: _____

I also understand that by choosing any of the above departments I am NOT guaranteed a position within the departments and I am also NOT guaranteed a scholarship with any of the above departments.

Selections and Scholarship awards will be made by the fire agencies as a collaborative effort and selections and scholarships will be awarded by the departments based on your performance and ranking in all the testing areas and are the ultimate decision of that department's Fire Chief.

Date available to take a student position if selected: _____

Student Signature _____ **Date** _____

(If the applicant is under the age of 18, a parent/guardian must also sign below to consent they have read the above information.)

Signature **Date:** _____ **Parent/Guardian**