

**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! Your release & liability paperwork must be returned prior to due date or application will not be accepted.

Initial \_\_\_\_\_

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

Initial \_\_\_\_\_

- I understand that a background check will be required to have been started by March 29th, 2018, 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 \_\_\_\_\_

YES    NO

May we contact your supervisor (or previous supervisor) for a reference?    \_\_\_\_\_    \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ ending Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

YES    NO

May we contact your supervisor (or previous supervisor) for a reference?    \_\_\_\_\_    \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ ending Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

YES    NO

May we contact your supervisor (or previous supervisor) for a reference?    \_\_\_\_\_    \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ ending Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

YES    NO

May we contact your supervisor (or previous supervisor) for a reference?    \_\_\_\_\_    \_\_\_\_\_

**Training and Education Information**

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 \_\_\_\_\_