

**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 and drug screening will be required to have been started by April 3<sup>rd</sup>, 2023, 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 \_\_\_\_\_

- I understand that I must register to COCC in order to be part of the Joint Recruitment Process.

Initial \_\_\_\_\_

- I understand that I must take a placement test and have that on file through COCC before April 3<sup>rd</sup>, 2023.

Initial \_\_\_\_\_

- I understand that some Fire Agencies may not accept minors in their programs so it is up to me to find out whether they do.

Initial \_\_\_\_\_

**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

### 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 \_\_\_\_\_

YES NO

From \_\_\_\_\_ to \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ City & State \_\_\_\_\_

YES NO

From \_\_\_\_\_ to \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ City & State \_\_\_\_\_

YES NO

From \_\_\_\_\_ to \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Other \_\_\_\_\_ City & State \_\_\_\_\_

YES NO

From \_\_\_\_\_ to \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

YES NO

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

## Training and Education Information

Are you a current COCC Student? \_\_\_\_\_

Which degree are you pursuing first, EMS, Structure Fire, Fire Service Administration?  
 \_\_\_\_\_

Do you have any of the following certifications currently? *(If you are in the process of obtaining a certification please put the expected date of completion)*

	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-100	_____	_____	If yes, date certified _____
FEMA IS-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 \_\_\_\_\_

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**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 \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_  
\_\_\_\_\_

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 confidentially by the Central Oregon Fire Agencies and Central Oregon Community College Fire Program Director.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**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.

No minors will be allowed to complete the Physical Agility Test. You must be 18 years old prior to the testing date to complete the Physical Agility Test.

\_\_\_\_\_  
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

**AGENCY IDENTIFICATION FORM**

I, \_\_\_\_\_ have chosen the following Fire  
*Fist and Last Name*

Departments as my 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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.)**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent/Guardian**  
**Signature**

Application Remittance Information and Check-off List

Make sure you **SAVE** the fillable application, **PRINT, SIGN** and **RETURN** by 5pm,  
March 31<sup>st</sup>, 2023.

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 packet and/or you do not sign all required signatures and provide us with a correct address, phone number and email it will result in a disqualification.**

**Please send the completed application by  
March 31<sup>ST</sup>, 2023 no later than 5pm**

***The applications **MUST** be turned in digitally to  
Fire@COCC.edu. Please do not mail your application.***