

Monroe

Rural Fire Protection District

P.O. Box 411 Monroe, Oregon 97456

Phone (541) 847-5170

Fax (541) 847-6091

The Monroe Rural Fire Protection District is a combination fire department with a maximum force of 30 volunteers and one paid position.

The fire district provides emergency medical services, fire protection and hazardous materials response for the communities of Monroe, Alpine, Bellfountain and a surrounding rural area of approximately 134 square miles. The fire district maintains three stations, the main station is located at 680 Commercial Street in Monroe. The sub-stations are located in the communities of Alpine and Bellfountain.

The fire district maintains a continuous program of fire prevention & suppression, along with medical intervention, including CPR training and public education within the community.

The fire district responds to approximately 268 alarms a year with approximately 70% to 80% of those alarms being medical in nature.

Volunteers are required to attend a entry level firefighter academy of 70 hours that each member must complete prior to being accepted. The firefighter academy consists of NFPA firefighter 1 course, adult child and infant CPR course and hazardous materials operations and awareness courses. Upon completion of the basic firefighter academy, and acceptance vote by the membership the new member becomes a part of the force of volunteers that responds to emergency calls. Volunteers are required to attend training sessions on a regular basis to maintain proficiency in their skills. Training sessions are held on Wednesday nights for both fire and medical training, some weekend classes are set according to training needs and scheduled by the Fire Chief.

Becoming a volunteer firefighter enables a person to be a special member of his/her community. The volunteer members of our fire district have a sense of belonging and receive recognition and reward by performing a challenging service to their community. Above all else we have "fun" while doing it!

If this sounds like the kind of challenge that you are interested in, and our organization is one that you would like to be part of, then pick up an application at the main station located at 680 Commercial Street, Monroe.

Hope to see you there!

Rick Smith
Fire Chief
Monroe R.F.P.D.

If yes, please give number and state. _____

Have you ever been convicted of a felony on or after your 18th birthday? (Do not include minor traffic violations or arrests without convictions). _____ YES _____ NO

If yes, please give a short explanation outlining the circumstances of your conviction. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying. _____

EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past 10 years if you have worked that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities.

Give special attention to experience relating to the job for which you are applying. You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable. If you need additional space, attach additional sheets.

CURRENT EMPLOYER _____

ADDRESS _____

FROM _____ / _____ TO _____ / _____ TOTAL TIME _____ / _____
Mo. Year Mo. Year Years Months

JOB TITLE _____ SUPERVISOR _____

PHONE # _____

_____ Full time _____ Part time _____ Paid _____ Unpaid

DUTIES (Be Specific)

May we contact this employer? _____ YES _____ NO

EMPLOYER _____

ADDRESS _____

FROM _____ / _____ TO _____ / _____ TOTAL TIME _____ / _____
Mo. Year Mo. Year Years Months

JOB TITLE _____ SUPERVISOR _____

PHONE # _____

_____ Full time _____ Part time _____ Paid _____ Unpaid

DUTIES (Be Specific)

Reason for Leaving _____

May we contact this employer? _____ YES _____ NO

EMPLOYER _____

ADDRESS _____

FROM _____ / _____ TO _____ / _____ TOTAL TIME _____ / _____
Mo. Year Mo. Year Years Months

JOB TITLE _____ SUPERVISOR _____

PHONE # _____

_____ Full time _____ Part time _____ Paid _____ Unpaid

DUTIES (Be Specific)

Reason for Leaving _____

May we contact this employer? _____ YES _____ NO

EMPLOYER _____

ADDRESS _____

FROM _____ / _____ TO _____ / _____ TOTAL TIME _____ / _____
Mo. Year Mo. Year Years Months

JOB TITLE _____ SUPERVISOR _____

PHONE # _____

_____ Full time _____ Part time _____ Paid _____ Unpaid

DUTIES (Be Specific)

Reason for Leaving _____

May we contact this employer? _____ YES _____ NO

REFERENCES

List three persons other than relatives who have known you for longer than one year.

Name	Address	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment or volunteer status if I have been employed. I understand that any offer of employment for a Fire Fighter position will be contingent upon passing a physical examination, and I agree that I will under go such examination, at the District's expense, if requested. In consideration of any employment I agree to conform to the rules and regulations of the District.

I certify that I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: _____ Date: _____

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that

any false information or significant omissions may disqualify me from further consideration for volunteer status, and may be justification for my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

_____ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any) I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the District may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and Scope of the investigation.

_____ Initials

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

If the District makes an offer of volunteer status to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

_____ Initials

I understand that if my employment or volunteer status is terminated by the District for dishonesty, breach of trust or any criminal acts the authorities may be notified and I may be criminally prosecuted.

_____ Initials

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to MONROE RURAL FIRE PROTECTION DISTRICT any documents or information that it may request. I have authorized MONROE RURAL FIRE PROTECTION DISTRICT to inquire concerning my

background in connection with an application for employment or an application to be a volunteer for the District. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment which may be provided.

DATED : _____

Signature: _____