

Please list additional training, certifications, or competencies that may assist you in the Fire Service.

Have you served in the military? Yes No

If yes, please list any military training that may assist you in the Fire Service.

PHYSICAL CONDITIONS/LIMITATIONS

Do you have any physical limitations that would prevent you from completing tasks that academy students are required to perform? Yes No (If yes, please explain)

WORK EXPERIENCE

List your employment history, beginning with the most recent. If you held more than one position with an employer, list each position as a separate job. Be sure your responses are complete. List all experience, paid and voluntary. If you do not have enough space to fully describe positions or employment history, please attach an additional sheet of paper.

Employer Name and Address <div style="border: 1px solid black; height: 90px; margin-top: 5px;"></div>	Position/Title <div style="border: 1px solid black; height: 25px; margin-top: 5px;"></div>	Supervisor Name <div style="border: 1px solid black; height: 25px; margin-top: 5px;"></div>	Contact Phone <div style="border: 1px solid black; height: 25px; margin-top: 5px;"></div>
Dates Employed From <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block; margin-left: 10px;"></div> To <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block; margin-left: 10px;"></div>		Reason for Leaving <div style="border: 1px solid black; height: 25px; margin-top: 5px;"></div>	
Duties/Responsibilities <div style="border: 1px solid black; height: 110px; margin-top: 5px;"></div>			

Employer Name and Address	Position/Title	<input type="text"/>	Supervisor Name	<input type="text"/>
<input type="text"/>	Dates Employed		Contact Phone	<input type="text"/>
	From	To	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Duties/Responsibilities				
<input type="text"/>				

Employer Name and Address	Position/Title	<input type="text"/>	Supervisor Name	<input type="text"/>
<input type="text"/>	Dates Employed		Contact Phone	<input type="text"/>
	From	To	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Duties/Responsibilities				
<input type="text"/>				

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<input type="text"/>	Dates Employed		Contact Phone	<input type="text"/>
	From	To	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Duties/Responsibilities				
<input type="text"/>				

Driving History

Possession of a valid driver's license is required for acceptance into the program. Students must also be insurable. Individuals who have three or more moving violations or chargeable accidents within the last three years will not be admitted into the program. Individuals with one or more DUUI offenses within the last three years are also ineligible for admission into the program.

Do you have a valid driver's license? Yes No Issuing State: DL#

List moving violations and chargeable accidents for which you have been cited during the last three years:

Date: _____

Date: _____

Date: _____

Date: _____

Have you had any DUUIs in the past three years? Yes No Date(s) _____

CRIMINAL HISTORY

List any criminal charges, not including traffic infractions, sustained within the last 10 years. If you have been charged with a crime, you will not automatically be excluded from consideration for this program. Your suitability for application will be evaluated based on the totality of circumstances, such as, the nature of the crime(s), the time since conviction, etc. Conviction of a crime could also affect decisions by the Oregon Health Authority and the Department of Public Safety Standards and Training on your eligibility to be licensed as an EMT and Firefighter. All those admitted to the program will be required to complete a criminal background check.

Have you ever been charged with a crime? Yes No

If yes, please list the crime, date of conviction and other relevant information.

Date: _____

Date: _____

Date: _____

SMOKING AND DRUG POLICY

The use of illegal drugs, alcohol, tobacco (except in designated areas), and marijuana, in any form, is prohibited on all properties owned and/or controlled by Klamath Community College including privately owned vehicles that are on property controlled or owned by the College. This policy also applies to Fire Department owned property and equipment. Failure to abide by this policy will result in immediate expulsion from the program.

Do you agree to adhere to this policy? Yes No

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of facts will result in my ineligibility for enrollment in the Resident Student Firefighter Program. I hereby authorize KCC to investigate all statements contained in this application.

Student Signature: _____ Date: _____