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Employer		Dates Employed (mo. / year)		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

REFERENCES

Name: _____	Address: _____	Phone Number: _____
Name: _____	Address: _____	Phone Number: _____

Molalla Fire District No. 73 is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, expunged juvenile record, family relationship, mental or physical disability, or veteran’s status. Molalla Fire District No. 73 prohibits harassment of any employees including employees in these protected classes.

I hereby authorize Molalla Fire District No. 73 to contact former employers and references regarding my previous experience and training. Furthermore, I agree no person or agency will be held liable for such information.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentations which becomes known to Molalla Fire District No. 73 in the future, will be cause for immediate termination.

In consideration of my employment, I agree to conform to the rules and regulations of Molalla Fire District No. 73.

My signature below indicates the information presented is correct and that I agree to the conditions stated on this application.

Signature: _____ Date: _____

320 N. Molalla Ave.
P.O. BOX 655 Molalla, OR 97038
(503) 829-2200