

District Affiliation Form



Molalla Fire District
PO Box 655 – 320 N Molalla Ave
Molalla, OR 97038

Candidate Name: _____

Agency: _____

Fire Chief: _____

To whom it may concern:

The above candidate has been affiliated with our agency since _____,
(Month, Day, Year)

As of the closing date on the job announcement being applied for, resulting in _____ years
of service.

*Any time served within a calendar year will be equivalent to a full year of service for the purpose of
this form.*

This candidate has been in good standing and would be eligible to participate in the testing process
and receive the appropriate points per current civil service rules and regulations.

Fire Chief Signature

Date

Candidate Signature

Date