

Idanha-Detroit Fire District
District Membership Application

P.O Box B - 160 Detroit Ave N - Detroit OR - 97342
 (503) 854-3494 - idanhadetroit@gmail.com



We are pleased that you are interested in joining our team! *Please either:* print out this form, and mail or turn in to our office at the above listed address, or return the filled out .PDF to the email address listed above. Feel free to contact us with any questions!

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|---|-------------|------|
| Full Legal Name (Last, First, MI): | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Home Address (If Different Than Mailing): | | |
| City: | State: | Zip: |
| Cell Phone: | Home Phone: | |
| E-Mail Address: | | |
| Driver's License Number & State: | | |

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|--------------------------------|----------------------------|
| High School: | Graduated (Y/N): |
| College Name: | Field of Study: |
| College Location: | Degree/Certificate Earned: |
| College Name: | Field of Study: |
| College Location: | Degree/Certificate Earned: |
| College Name: | Field of Study: |
| College Location: | Degree/Certificate Earned: |
| Other/Vocational/Trade School: | |

Professional Licenses, Certificates, and Certifications - *Please list any certifications/licenses that you currently possess that you feel may be useful to the Fire District (if additional room is needed, please use the "Additional Skills/Certifications" box on page 4:*

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Skills - Please list any job-related skills that you possess that you feel may make you an asset to the District:

Felony Conviction - Have you ever been convicted of a felony on or after your 18th birthday? If so, please detail the date of conviction, and the events surrounding it. A conviction is not necessarily disqualifying (if additional room is needed, please use the "Notes" box on page 4):

Employment History - Using the boxes below, please tell us about all your work experience in the last 5 years, both paid and unpaid. Begin with the most recent or current employment. There is room to list additional employment history on page 3.

| | |
|---|-------------------------------|
| Employer Name: | |
| Address: | Your Title: |
| Supervisor's Name: | Supervisor's Phone Number: |
| Begin Date: | End Date: |
| Hours Per Week: | May we Contact This Employer: |
| Duties - Please list and briefly describe the tasks/duties that were assigned to you at this job: | |

Signature: _____

Date: _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that if any of the above is found to be untruthful or misleading, my application is subject to be rejected or my membership with the district terminated.

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| Additional Skills or Certifications: |
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| Notes: |
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