

SIUSLAW VALLEY FIRE AND RESCUE

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. I understand that any false information or significant omissions may disqualify me from further consideration for employment or volunteer status, and may be justification for 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. 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 am obtaining a complete disclosure of the nature and scope of the investigation.

_____Initials

I authorize any person, school, a current employer (except as previously noted), past employer(s), and organizations named in the 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 release such persons and organizations from any legal liability in making such statements.

_____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

I understand that this application does not, by itself, create a contract of employment, and that MY MEMBERSHIP IN THE FIRE DEPARTMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, unless otherwise prohibited, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THE APPLICATION FORM.

_____Initials

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to SIUSLAW VALLEY FIRE AND RESCUE any documents or information that it may request. I have authorized SIUSLAW VALLEY FIRE AND RESCUE to inquire concerning my background in connection with 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.

SIGNED _____

DATE _____

FIREFIGHTER PHYSICAL ABILITY EXAMINATION

LIABILITY WAIVER

WHEREAS, Siuslaw Valley Fire and Rescue has called for examinations to be held for the position of Volunteer Firefighter, and whereas I, _____, the undersigned, residing at _____,

(Print Name)

(Print Address)

in the State of Oregon, have presented by application to participate in this examination and have been informed that as part of the examination given for the Volunteer Firefighter, it will be necessary for me to demonstrate my strength, endurance and physical ability in a series of tests.

KNOW THEREFORE, I, for myself, my heirs, executors, administrators or assigns, hereby waive any or all claims against Siuslaw Valley Fire and Rescue and all its employees, agents or affiliates thereof, now or hereafter to accrue for, on account of, because of any injury or damage that I or my belongings may sustain because of, in conjunction with, or on account of this physical strength and ability test, and hereby release Siuslaw Valley Fire and Rescue, or any employees, agents or affiliates therefore, from any or all liability or claim for damage for any injury accruing as a result of these tests.

IN WITNESS WHEREOF, I have hereunto set my hand.

SIGNED _____

DATE _____



Siuslaw Valley Fire and Rescue

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

Answers to questions in Section 1, and to question 9 in Section 2 of Part A., do not require a medical examination.

Please check yes or no.

Can you read? _____ yes _____ no

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1.

			ID No.
Name	Age	Sex	Date
Social Security #.	Date of Birth:	Height inches	Weight
Job Title	Employer Name: Siuslaw Valley Fire/Rescue	Blood Type	

- A phone number where you can be reached by a designated representative of Siuslaw Valley Fire and Rescue (include area code) _____ - _____ - _____.
- The best time to phone you at this number: _____.
- Have you worn a respirator? (Check one) _____ yes _____ no

I authorize a Health Care Professional designated by Siuslaw Valley Fire and Rescue to perform an evaluation as deemed necessary to determine my suitability for respirator use. I understand that misstatement or omission of information could endanger my health by promoting a misinformed medical determination. I further understand that this evaluation is specific for my use of respirators and is not meant to take the place of routine medical health evaluations.

Signature _____ Date: _____

Part A. Section 2

Please check yes or no.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? _____ yes _____ no

2. Have you ever had any of the following conditions?
 - a. Seizures (fits): _____ yes _____ no
 - b. Diabetes (sugar disease): _____ yes _____ no
 - c. Allergic reactions that interfere with your breathing: _____ yes _____ no
 - d. Claustrophobia (fear of closed-in places): _____ yes _____ no
 - e. Trouble smelling odors: _____ yes _____ no

3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis: _____ yes _____ no
 - b. Asthma: _____ yes _____ no
 - c. Chronic bronchitis: _____ yes _____ no
 - d. Emphysema: _____ yes _____ no
 - e. Pneumonia: _____ yes _____ no
 - f. Tuberculosis: _____ yes _____ no
 - g. Silicosis: _____ yes _____ no
 - h. Pneumothorax (collapsed lung): _____ yes _____ no
 - i. Lung cancer: _____ yes _____ no
 - j. Broken ribs: _____ yes _____ no
 - k. Any chest injuries or surgeries? _____ yes _____ no
 - l. Any other lung problem that you've been told about: _____ yes _____ no

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath: _____ yes _____ no
 - b. Shortness of breath when walking fast on the level or walking up a slight hill or incline: _____ yes _____ no
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: _____ yes _____ no
 - d. Have to stop for breath when walking at your own pace on level ground: _____ yes _____ no
 - e. Shortness of breath that interferes with your job: _____ yes _____ no
 - f. Shortness of breath when washing or dressing yourself: _____ yes _____ no
 - g. Coughing that produces phlegm (thick sputum): _____ yes _____ no
 - h. Coughing that wakes you early in the morning? _____ yes _____ no
 - i. Coughing that occurs mostly when you are lying down: _____ yes _____ no
 - j. Coughing up blood in the last month: _____ yes _____ no
 - k. Wheezing: _____ yes _____ no
 - l. Wheezing that interferes with your job: _____ yes _____ no
 - m. Chest pain when you breathe deeply: _____ yes _____ no
 - n. Any other symptoms that you think may be related to lung problems: _____ yes _____ no

5. Have you ever had any of the following cardiovascular or heart symptoms?

- a. Heart attack: yes no
- b. Stroke: yes no
- c. Angina yes no
- d. Heart failure yes no
- e. Swelling in your legs or feet (not caused by walking) yes no
- f. Heart arrhythmia (heart beating irregularly) yes no
- g. High blood pressure yes no
- h. Any other heart problem that you've been told about: yes no

6. Have you ever had any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: yes no
- b. Pain or tightness in your chest during physical activity: yes no
- c. Pain or tightness in your chest that interferes with your job: yes no
- d. In the past two years, have you noticed your heart skipping or missing a beat: yes no
- e. Heartburn or indigestion that is not related to eating: yes no
- f. Any other symptoms that you think may be related to heart or circulation problems: yes no

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems yes no
- b. Heart trouble yes no
- c. Blood pressure yes no
- d. Seizure (fits) yes no

8. If you've used a respirator, have you ever had any of the following problems?
(If you've never used a respirator, check the following space and go to question #9)

- a. Eye irritation: yes no
 - b. Skin allergies or rashes: yes no
 - c. Anxiety: yes no
 - d. General weakness or fatigue: yes no
- Any other problem that interferes with your use of a respirator: yes no

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? yes no

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): yes no

11. Do you currently have any of the following vision problems? yes no

- a. Wear contact lenses: yes no
- b. Wear glasses: yes no
- c. Color blind: yes no

12. Have you ever had an injury to your ears, including a broken ear drum: yes no

13. Do you currently have any of the following hearing problems? _____ yes _____ no
- a. Difficulty hearing: _____ yes _____ no
 - b. Wearing a hearing aid: _____ yes _____ no
 - c. Any other hearing problem: _____ yes _____ no
14. Have you ever had a back injury? _____ yes _____ no
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: _____ yes _____ no
 - b. Back pain: _____ yes _____ no
 - c. Difficulty fully moving your arms and legs: _____ yes _____ no
 - d. Pain or stiffness when you lean forward or backward at the waist: _____ yes _____ no
 - e. Difficulty fully moving your head up or down: _____ yes _____ no
 - f. Difficulty fully moving your head side to side: _____ yes _____ no
 - g. Difficulty bending your knees: _____ yes _____ no
 - h. Difficulty squatting to the ground: _____ yes _____ no
 - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs.: _____ yes _____ no
 - j. Any other muscle or skeletal problem that interferes with using a respirator: _____ yes _____ no

SIUSLAW VALLEY FIRE AND RESCUE

DISCLOSURE

As part of the employment process, Siuslaw Valley Fire and Rescue (the "Company") will obtain a consumer report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with Siuslaw Valley Fire and Rescue ("the Company"), I hereby authorize BIO-MED/Choicepoint Service, Inc., on behalf of Siuslaw Valley Fire and Rescue ("the Company") to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, departmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name

Date Signed

Other Names used?

Applicant Signature

Date of Birth*

Social Security Number*

Street Address

*For Identification Purposes Only

City, State and Zip

FOR OFFICE USE ONLY

To: Bio-Med/Choicepoint Services, Inc.

Please forward the consumer report via e-mail.

SIUSLAW VALLEY FIRE AND RESCUE

2625 Highway 101 North
Florence, OR 97439

541-997-3212

JOANNE HICKEY, authorized Representative

joanne@svfr.org, authorized/secure e-mail address.