

**CENTRAL OREGON FIRE AGENCIES - JOINT RECRUITMENT SCHOLARSHIP
APPLICATION PROCESS**

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Full Name of Applicant: _____

Disclaimer: Please initial that you have Read and Understand the following:

- COCC is an unbiased neutral party. The testing process is that of the Central Oregon Fire Agencies NOT Central Oregon Community College (COCC). COCC provides the logistical facilitation and is an unbiased holder of the paperwork.
Initial _____

- Selections and Scholarship awards will be made by the fire agencies as a collaborative effort. Selections will be made by the department representatives based on your performance and ranking in all the testing areas. The final decision for your scholarship will be made solely by the Fire Chief or Designee of the Fire Department that has chosen you.
Initial _____

- By choosing any of the departments, you are **NOT** guaranteed a position within the departments and you are **NOT** guaranteed a scholarship with any of the departments.
Initial _____

- INCOMPLETE applications will NOT be accepted! Your release & liability paperwork must be returned prior to due date or application will not be accepted.
Initial _____

- I understand that I must have made contact with all the departments that I have listed as my 1st, 2nd and 3rd choices.
Initial _____

- I understand that a background check and drug screening will be required to have been started by April 3rd, 2024, prior to the testing date and that there is a cost associated with it.
Initial _____

- I understand that if I am selected by an agency, there may be additional documentation required by the agencies specific to that agency.

Initial _____

- I understand that I must register to COCC in order to be part of the Joint Recruitment Process.

Initial _____

- I understand that I must take a placement test and have that on file through COCC before April 3rd, 2024.

Initial _____

- I understand that some Fire Agencies may not accept minors in their programs so it is up to me to find out whether they do.

Initial _____

Valid EMAIL is crucial for this application process! Please make sure you have included a good phone number and email address. All correspondence regarding the testing process will be via email.

APPLICATION

Application Information

Full Name _____ Date _____
Last First MI

Address _____

Phone (____) _____ Email Address _____

Driver's License Number _____ State Issued _____

YES NO

Are you a citizen of the United States? _____

Have you ever been affiliated? _____ If so, where? _____

Have you ever been convicted of a felony? _____

If yes, explain _____

Education

High School _____ City & State _____

YES NO

From _____ to _____ Did you Graduate? _____ Degree _____

College _____ City & State _____

YES NO

From _____ to _____ Did you Graduate? _____ Degree _____

College _____ City & State _____

YES NO

From _____ to _____ Did you Graduate? _____ Degree _____

Other _____ City & State _____

YES NO

From _____ to _____ Did you Graduate? _____ Degree _____

References

Please list **5 references** with at least two (2) of them being professional references

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

Employment History

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

YES NO

May we contact your supervisor (or previous supervisor) for a reference? _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

YES NO

May we contact your supervisor (or previous supervisor) for a reference? _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

YES NO

May we contact your supervisor (or previous supervisor) for a reference? _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

YES NO

May we contact your supervisor (or previous supervisor) for a reference? _____

Training and Education Information

Are you a current COCC Student? _____

Which degree are you pursuing first, EMS, Structure Fire, Fire Service Administration?

Do you have any of the following certifications currently? *(If you are in the process of obtaining a certification please put the expected date of completion)*

	YES	NO	
First Responder	_____	_____	If yes, date certified _____
EMT-Basic	_____	_____	If yes, date certified _____
EMT-Paramedic	_____	_____	If yes, date certified _____
NFPA Firefighter I	_____	_____	If yes, date certified _____
NFPA Firefighter II	_____	_____	If yes, date certified _____
NFPA Driver	_____	_____	If yes, date certified _____
NWCG S-130/190	_____	_____	If yes, date certified _____
NWCG S-215	_____	_____	If yes, date certified _____
Hazmat Awareness	_____	_____	If yes, date certified _____
Hazmat Operations	_____	_____	If yes, date certified _____
NWCG or FEMA I-100	_____	_____	If yes, date certified _____
NWCG or FEMA I-200	_____	_____	If yes, date certified _____
FEMA IS-100	_____	_____	If yes, date certified _____
FEMA IS-200	_____	_____	If yes, date certified _____
FEMA IS-700	_____	_____	If yes, date certified _____
FEMA IS-800	_____	_____	If yes, date certified _____

List any other certifications pertinent to affiliation _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to affiliation, I understand that false or misleading information in my application or interview may result in my release.

All information included in this packet will be kept Personal and Confidential by the Central Oregon Fire Agencies and Central Oregon Community College Fire Program Director.

Signature _____ Date _____

**Authorization to Check Work History
and Release of Prior Employers**

I authorize CENTRAL OREGON COMMUNITY COLLEGE FIRE PROGRAM DIRECTOR and the CENTRAL OREGON FIRE AGENCIES to check my references and to otherwise verify the accuracy of information contained in my application for a student position and/or employment in a reserve program. I further authorize my past employers and educational institutions with information about my work history and education to provide such information to CENTRAL OREGON COMMUNITY COLLEGE FIRE PROGRAM DIRECTOR and the CENTRAL OREGON FIRE AGENCIES in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) Central Oregon Community College and the Central Oregon Fire Agencies, its representatives, and anyone supplying such information to Central Oregon Community College and the Central Oregon Fire Agencies.

Name : _____

Signed: _____ Date _____

PERSONAL HISTORY STATEMENT

Name _____
Last First MI

Present Address _____
Street & Number City State Zip

Permanent Address _____
Street & Number City State Zip

Phone _____ Email _____

Date of Birth _____
Month day year

Any physical problems/medical problems? [] No [] Yes. If yes, please explain _____

Has your driver's license ever been suspended or revoked? [] No [] Yes. If yes, explain _____

Have you ever been convicted of a crime? [] No [] Yes. If yes, explain _____

All information included on this form will be kept confidentially by the Central Oregon Fire Agencies and Central Oregon Community College Fire Program Director.

Signature _____ Date _____

WAIVER OF LIABILITY STATEMENT

I, _____, have expressed an interest in becoming a participant in the Central Oregon Fire Agencies Joint Affiliation Recruitment program. I understand that as a part of the application process I must complete a physical ability course to demonstrate my ability to perform the tasks associated with firefighting and emergency medical services activities. I also understand that the physical ability demonstration may be physically demanding.

With this understanding, I request the opportunity to participate in the physical ability demonstration and practice the physical ability test, as a part of the application process, and release Central Oregon Community College and the Central Oregon Fire Agencies, and any members or representatives thereof from any and all liability with regard to any injury or illness of any kind resulting from my participation in the physical ability demonstration process.

No minors will be allowed to complete the Physical Agility Test. You must be 18 years old prior to the testing date to complete the Physical Agility Test.

Applicant Signature

Date

(If the applicant is under the age of 18, a parent/guardian must also sign below to consent and grant permission for named applicant to participate in the above listed activity.)

Signature

Date: _____ Parent/Guardian

AGENCY IDENTIFICATION FORM

I, _____ have chosen the following Fire
Fist and Last Name

Departments as my 1st, 2nd and 3rd choices and I have made contact with the person listed as a representative at that department on the date below:

#1 _____

Agency Contact: _____ Date: _____

#2 _____

Agency Contact: _____ Date: _____

#3 _____

Agency Contact: _____ Date: _____

I also understand that by choosing any of the above departments I am NOT guaranteed a position within the departments and I am also NOT guaranteed a scholarship with any of the above departments.

Selections and Scholarship awards will be made by the fire agencies as a collaborative effort and selections and scholarships will be awarded by the departments based on your performance and ranking in all the testing areas and are the ultimate decision of that department's Fire Chief.

Date available to take a student position if selected: _____

Student Signature _____ **Date** _____

(If the applicant is under the age of 18, a parent/guardian must also sign below to consent they have read the above information.)

_____ **Date:** _____ **Parent/Guardian**
Signature

Application Remittance Information and Check-off List

**Make sure you SAVE the fillable application, PRINT, SIGN and RETURN by 5pm,
March 29th, 2024.**

**Disclaimer
Application
Authorization to Check Work History
Personal History Statement
Waiver of Liability Statement
Agency Identification Form**

**If any of the above documentation is missing from your packet and/or you do not
sign all required signatures and provide us with a correct address, phone
number and email it will result in a disqualification.**

**Please send the completed application by
March 29th, 2024 no later than 5pm**

***The applications MUST be turned in digitally to
Fire@COCC.edu. Please do not mail your application.***