YACHATS RURAL FIRE PROTECTION DISTRICT APPLICATION

Name:_____
Last First Full Middle Name

Address:_____ City/State/Zip:_____

Phone (Home or Cell):_____ Email:_____

Current Employer Information

Employers Name:_____ Supervisor Name:_____

Address:_____ City/State/Zip:_____

Phone:_____

Job Title:_____ Typical work Schedule:_____

How long at your present Job:_____ yrs / months Duties:_____

_____

May we contact this employer for reference? ☐ Yes / ☐ No

Employment History

List Employers for the past five (5) years and provide a contact name and phone number.
Use a separate page if necessary

1) Business & Location:_____ Job Title:_____

Supervisor:_____ Phone:_____ May we Contact ☐ Y / ☐ N

Job Title:_____ From:_____ To:_____

Responsibilities:_____

2) Business & Location:_____ Job Title:_____

Supervisor:_____ Phone:_____ May we Contact ☐ Y / ☐ N

Job Title:_____ From:_____ To:_____

Responsibilities:_____

3) Business & Location:_____ Job Title:_____

Supervisor:_____ Phone:_____ May we Contact ☐ Y / ☐ N

Job Title:_____ From:_____ To:_____

Responsibilities:_____

4) Business & Location:_____ Job Title:_____

Supervisor:_____ Phone:_____ May we Contact__Y /__N

Job Title:_____ From:_____ To:_____

Responsibilities:_____

5) Business & Location:_____ Job Title:_____

Supervisor:_____ Phone:_____ May we Contact__Y /__N

Job Title:_____ From:_____ To:_____

Responsibilities:_____

General Information

Please describe any skill or specialized training you will bring with you:_____

_____

Fire Service/Emergency Medical Service Agencies

Please list all Fire Service or Emergency Medical Service agencies you have worked or volunteered for in the past. Use a separate page if necessary. Please provide reason for leaving.

1) Agency & Location_____ Job Title:_____

Supervisor:_____

2) Agency & Location_____ Job Title:_____

Supervisor:_____

Education History

High School_____ Location_____ Diploma__or GED__Year:_____

College Name:_____ Location_____ Dates – From/To_____

Major, Degree or Certification:_____

College Name:_____ Location_____ Dates – From/To_____

Major, Degree or Certification:_____

Records

Driving Record: List any instances you have been convicted of any moving violations or had you drivers license suspended or revoked within the last Five (5) Years? If none, put N/A.

Date	Infraction	Location

Convictions: List all instances that you have ever been convicted of a crime that is relevant to the duties of a firefighter or EMS provider. If none put N/A

Date	Type of Conviction	Location

References

References: Please list 2 individual references other than relatives , who you have known for more than 1 year

Last Name	First Name	Phone

Interests

Please check boxes you wish to pursue

Firefighting ☐ EMS ☐ Both ☐

Release/Statement of Truth of Application

I, _____, being first duly sworn, depose and say that I am the person above described and identified; that I have not engaged in any of the acts prohibited by statutes of the state of Oregon.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past or present), business and professional associates (past or present). All governmental agencies and instrumentalities (local, state, federal, or foreign) to release to this agency any information, files or records requested by this agency in connection with processing of this above, information which is material to my application.

I certify that to the best of my knowledge, I am physically and mentally qualified to act as an EMT and/or firefighter, that I am free from addition to controlled substances or alcoholic beverages, or if not so be, that I am currently rehabilitated. That I am free from epilepsy or diabetes, or if not so be, that I have been free from lapse of consciousness or control occasioned thereby for a period of at least on hundred eighty (180) days.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct.

_____

Applicant Signature

_____

Date

YACHATS RURAL FIRE PROTECTION DISTRICT
PO Box 1
Yachats, Oregon 97498
(541) 547-3266

Personal History

Last Name First M.I. Date

If you answer **"YES"** to any of the following questions, please attach a complete explanation to this application, in a sealed enveloped marked **"CONFIDENTIAL"**. If you fail to attach appropriate explanatory material or additional information is required, you will receive a request for additional information from YRFPD.

	YES	NO
1. Do you have or have you been diagnosed with any mental or physical impairment(s), within the last 8 years, that may affect your ability to perform ALL the essential duties and functions of an emergency medical technician at the level of certification for which you are applying?	☐	☐
2. Have you have engaged in excessive or habitual use of any chemical substances for other than legitimate medical purposes or been treated for addiction or dependency?	☐	☐
3. Have you engaged in habitual use of alcohol or received treatment for alcoholism within the last 10 years?	☐	☐
4. Have you ever been convicted of any misdemeanor or felony, except for minor traffic infractions, under the laws of any state, the United States, or a foreign country? Minor traffic violations need not be reported; felony or misdemeanor traffic crimes and any violation involving driving while impaired, intoxicated, or under the influence of any drug or alcohol **MUST** be reported.	☐	☐
5. If you have been or are certified as an EMT in this or any other state has your employer or supervising physician ever disciplined you, within the last 8 years. (Including but not limited to restricted scope of practice, suspension, letter of reprimand, etc.,) In connection with inappropriate or unprofessional conduct or questionable medical care procedures or policies?	☐	☐
6. If you have been or are certified as an EMT or other certified or licensed health care provider, have you ever been named in a lawsuit alleging medical malpractice or misconduct?	☐	☐

YACHATS RURAL FIRE PROTECTION DISTRICT
SOUTH LINCOLN AMBULANCE ASSOCIATION
POLICY ON CONFIDENTIALITY AND DISSEMINATION OF PATIENT INFORMATION

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we received in the course of our work. YRFPD/SLAA prohibits the release of any patient information to anyone outside the organization unless required for purposed of treatment, payment of health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that YRFPD/SLAA provides service to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of those patients. I understand that it is necessary, in the rendering of services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by YRFPD/SLAA during my entire employment or association with those agencies. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of YRFPD/SLAA immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with YRFPD/SLAA. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by YRFPD/SLAA. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or any membership or association with YRFPD/SLAA.

_____
Printed name

_____ _____
Signature Date

South Lincoln Ambulance Inc

Yachats Rural Fire Protection District

Personal History Form

FULL NAME:_____ **DATE:**_____

If you answer "Yes" to any of the following questions, please attach a complete explanation to this application, in a sealed envelope marked "CONFIDENTIAL". To be opened by the Fire Chief or designee only. If you fail to attach appropriate explanatory material or additional information as required you will receive a request for additional information.

	Yes/No	Initials
1. Do you have or have you been diagnosed with any mental or physical impairment(s), within the last 8 years, that may affect your ability to perform ALL the essential duties and functions of an emergency medical responder at the level of certification or licensure for which you are applying?		
2. Have you engaged in excessive or habitual use of any chemical substance(s) listed in YRFPD Policy 107.0 and SOG 107.1 or been treated for addiction or dependency?		
3. Have you engaged in habitual use of alcohol or received treatment for alcoholism within the last 10 years?		
4. Have you ever been convicted of any misdemeanor or felony, excluding minor traffic violations, under the laws of any state, United States, or a foreign country? Minor traffic violations need not be reported; felony or misdemeanor traffic crimes and any violation involving driving while impaired, intoxicated, or under the influence of any drug or alcohol **MUST** be reported.		
5. If you have been or are currently licensed as an EMS provider or other health care provider in this or any other state has your employer or supervising physician ever disciplined you within the last 8 years? Including but not limited to restricted scope of practice, suspension, letter of reprimand, etc. In connection with inappropriate or unprofessional conduct or questionable medical care procedures or policies?		
6. If you have been or are currently licensed as an EMS provider or other health care provider, have you ever been named in a lawsuit alleging medical malpractice or misconduct?		

SIGNATURE:_____ **DATE:**_____