Logo

Description automatically generatedTEMPORARY

FIREFIGHTER

APPLICATION

PACKET

**Logo

AI-generated content may be incorrect.**

**OFFICIAL NOTIFICATION**

**Hoodland Fire District #74 is hiring multiple Temporary Firefighter positions for the 2025 Fire Season**

Limited duration **[Grant Funded]** Tentatively June 23, 2025 through October 3, 2025

**POSITION:** Temporary part-time/full-time firefighter

**DUTIES:** Please see the attached job description. This temporary position will mainly consist of general maintenance and cleaning duties, special projects, and response.

**PAY:** $21.00 to $23.00 per hour (DOE)

**BENEFITS:** This position only includes those benefits required by Oregon employment law. The fire district participates in the public Employees Retirement System and will contribute accordingly. PERS employees will be responsible for paying the 6% employee contribution through payroll deduction.

**WORK SCHEDULE:** 10:00 am – 8:00 pm with overtime wage provided for all hours over 40 hours per week. Work hours may be beyond the typical scheduled during time of high fire risk or heavy call volume. This temporary firefighter position is grant funded and has a limited duration that is tentatively scheduled to start June 23, 2025, and end by October 3, 2025.

**\*Schedule may vary and flexible schedules may be possible as the District’s needs allow.**

**MINIMUM QUALIFICATIONS REQUIRED:**

* Age 18 years or older
* Minimum one (1) year of fire service experience
* High School Diploma or equivalent
* Valid Driver’s License (must be insurable by fire district)
* Proof of eligibility to work in the United States of America at the time of appointment
* NFPA Firefighter Type 1
* NIMS 100, 200, 700, 800
* Wildland Firefighter Type 2
* Oregon Emergency Medical Responder (EMR)
* DPPST Driver or equivalent

\*Hoodland Fire District #74 reserves the right to underfill if not enough qualified applications are received\*

**PREFERRED QUALIFICATIONS:**

* NFPA Driver/Operator
* NFPA Apparatus Equipped with Fire Pump
* Oregon Certified EMT
* Wildland Firefighter Type 1
* NFPA Operations Level Responder (HazMat)

**PROCESS:**

* Application and Resume
* Firefighter Tasks
* Oral Interview
* Conditional Offer
* Background Check
* Firefighter Physical

You may obtain an application by visiting Hoodland Fire District #74’s website [www.hoodlandfire.gov](http://www.hoodlandfire.gov) , picking up in person, or having it emailed to you. To request an application packet to be emailed, contact Kelli Ewing at (503) 622-3256 or by email at [hoodland@hoodlandfire.gov](mailto:hoodland@hoodlandfire.gov)

All required documentation must be received on or before June 6, 2025, at 5:00 PM:

**Hoodland Fire District #74**

**Attn: Temporary Firefighter Position**

**69634 E. Hwy 26**

**Welches, OR 97067**

Applications will be received Monday through Friday 8:00am – 5:00 pm. Mailed applications must be postmarked on or before June 2, 2025

Applications will not be accepted electronically

**Logo

Description automatically generated**

**TEMPORARY FIREFIGHTER**

Informational Sheet

Hoodland Fire District #74 is hiring multiple Temporary Firefighter positions for the 2025 Fire Season. This temporary firefighter position is grant funded and has a limited duration that is tentatively scheduled to start June 23, 2025, and end by October 3, 2025.

Appointments to the positions of firefighter will be made upon merit, demonstrated ability, and fitness, which shall be ascertained by interview and investigation of qualified personnel.

The candidates must possess the training and physical condition “to effectively perform the essential functions of the position, and any marginal functions of the position.”

Applications will be accepted only from individuals who meet the following minimum qualifications:

**MINIMUM QUALIFICATIONS REQUIRED:**

* Age 18 years or older
* Minimum one (1) year of fire service experience
* High School Diploma or equivalent
* Valid Driver’s License (must be insurable by fire district)
* Proof of eligibility to work in the United States of America at the time of appointment
* NFPA Firefighter Type 1
* NIMS 100, 200, 700, 800
* Wildland Firefighter Type 2
* Oregon Emergency Medical Responder (EMR)
* DPPST Driver or equivalent

\*Hoodland Fire District #74 reserves the right to underfill if not enough qualified applications are received\*

**DUTIES**

Please see the attached job description. This temporary position will mainly consist of general maintenance and cleaning duties, special projects, and response.

**WAGES:**

The wage range is $21.00-$23.00 per hour (DOE)

**APPLICATION PROCEDURE:**

Applications must be submitted to Hoodland Fire District at 69634 E Hwy 26, Welches, OR 97067 on or before June 6, 2025 by 5:00 PM

**GENERAL INFORMATION:**

Qualified Applicants may be ranked based on:

1. Application Information
2. Resume Review
3. Firefighter tasks
4. Oral interview

**EQUAL EMPLOYMENT OPPORTUNITY**

Hoodland Fire District #74 (HFD) is an equal employment opportunity employer and does not discriminate based on sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service, or any state of Oregon protected classifications. HFD does not discriminate against any candidate or employee in hiring or in the terms, conditions, and privileges of employment based upon genetic information, pregnancy, childbirth, sexual orientation and gender identity, or related medical conditions. HFD will make reasonable accommodations for qualified employees with physical or mental disabilities and for employee’s religious beliefs that conflict with a workplace rule or function. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

**HOODLAND FIRE DISTRICT #74**

**EMPLOYMENT APPLICATION FOR**

**TEMPORARY FIREFIGHTER**

**INSTRUCTIONS**

* Please print legibly or type your answers
* Answer each question fully and accurately
* If you need additional space, continue your answers(s) on a separate sheet of paper

**APPLICATIONS SUBMITTAL**

Candidates, please include the following items in your application packet:

* Resume
* Employment Application
* If applicable: Attach Copy of State of Oregon EMR License (higher license/certification accepted)
* If applicable: Attach Copy of NFPA Firefighter Type 1
* If applicable: Attach Copy of Wildland Firefighter Type 2
* If applicable: NIMS 100, 200, 700, 800 documentation
* If applicable: DPSST Driver or equivalent
* Any additional documentation, certifications, licenses, etc.

All required documentation must be received on or before June 24, 2024 at 5:00 PM. Applications will be received Monday through Friday 8:00 am to 5:00 pm. Deliver or send applications to the address below:

**Hoodland Fire District #74**

**Attn. Temporary Firefighter Position**

**69634 E. Hwy 26**

**Welches, OR 97067**

**EQUAL EMPLOYMENT OPPORTUNITY:** Hoodland Fire District #74 (HFD) is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service or any state of Oregon protected classifications. HFD does not discriminate against any candidate or employee in hiring or in the terms, conditions, and privileges of employment based upon genetic information, pregnancy, childbirth, sexual orientation and gender identity, or related medical conditions. HFD will make reasonable accommodations for qualified employees with physical or mental disabilities and for employee’s religious beliefs that conflict with a workplace rule or function. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

**A picture containing text, queen

Description automatically generated**

**EMPLOYMENT APPLICATION FOR**

**TEMPORARY FIREFIGHTER**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME:** | **Last** | | **First** | | **M.I.** | |
| **ADDRESS:** | **Street** | | **Apt#** | **City** | **State** | **Zip** |
| **Home #:** | | **Work #:** | | **Cell or Alternate #:** | | |
| **Email Address:** | | | | | | |

**EMPLOYMENT ELIGIBILITY**

|  |  |
| --- | --- |
| **Are You 18 Years of Age or Older?**  **Yes**  **No** | **Do you have a valid Driver’s License?**  **Yes**  **No** |
| **Do you have a high school diploma or equivalent?**  **Yes**  **No** | |
| **Are you legally eligible for employment in the United States?**  **Yes**  **No** | |
| **Successful candidates will be required to prove identity and eligibility for employment by providing the required documentation to complete an I-9 Form.** | |

**RELATIVES AND FRIENDS**

|  |
| --- |
| Some positions may not be held by certain individuals to avoid the possibility of conflicts of interest. Qualified relatives and/or friends are eligible for employment except in unusual situations (for example: where they would be placed in a supervisor-subordinate relationship). The Fire District does not discriminate against candidates or employees, unless required to do so by the reasonable demands of the position (a bona fide occupational qualification). It is the intention of the Fire District to comply with Oregon law which prohibits employers from discriminating against an individual solely because another member of that person’s family works or has worked for that employer. |
| **Do you have any relatives who currently work for us?**  **Yes**  **No** |
| **If yes, please state their name(s):** |

**FIRE SERVICE EXPERIENCE**

|  |
| --- |
| **Do you have at least (1) year of fire service experience (career, volunteer, military)?**  **Yes**  **No** |
| **Please provide details of your fire service experience (attached additional sheet(s) if more space is needed):** |
|  |

**EDUCATION**

|  |  |
| --- | --- |
| **Please list below any education, training and/or specialized experience such as schools, colleges, degrees, licenses, vocational, technical, or military experience, etc. that you feel would help you perform the work for which you are applying.** | |
| **DEGREES, LICENSES, RELEVANT EDUCATION, OR TRAINING** | **WHERE DID YOU ACQUIRE IT (NAME & ADDRESS) OF SCHOOL, PROGRAM, MILITARY BRANCH AND SPECIALTY, ETC.)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**REFERENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provide three (3) references (not relatives or former employers):** | | | | |
|  | **NAME** | **ADDRESS** | **PHONE** | **OCCUPATION** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **List names of employers in chronological order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and business references. If you worked in any of the positions under another name, please provide name(s). Please give month and year and attach additional sheet(s) if more space is needed.** | | | |
| **1.** | **Employer:** | | |
|  | **Address:** | | **Phone:** |
|  | **Supervisor:** | | May we contact this employer?  **Yes**   **No** |
|  | **Job Title:** | **From:** | **To:** |
|  | **Description of duties:** | | |
|  |  | | |
|  | **Reasons for leaving:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | **Employer:** | | |
|  | **Address:** | | **Phone:** |
|  | **Supervisor:** | | May we contact this employer?  **Yes**   **No** |
|  | **Job Title:** | **From:** | **To:** |
|  | **Description of duties:** | | |
|  |  | | |
|  | **Reasons for leaving:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.** | **Employer:** | | |
|  | **Address:** | | **Phone:** |
|  | **Supervisor:** | | May we contact this employer?  **Yes**   **No** |
|  | **Job Title:** | **From:** | **To:** |
|  | **Description of duties:** | | |
|  |  | | |
|  | **Reasons for leaving:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | **Employer:** | | |
|  | **Address:** | | **Phone:** |
|  | **Supervisor:** | | May we contact this employer?  **Yes**   **No** |
|  | **Job Title:** | **From:** | **To:** |
|  | **Description of duties:** | | |
|  |  | | |
|  | **Reasons for leaving:** | | |

**VERIFICATION AND SIGNATURE**

|  |
| --- |
| 1. **I authorize the investigation of all matters which Hoodland Fire District #74 deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release Hoodland Fire District #74 from all liability, which might result from making the investigation.** 2. **I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.** 3. **I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Hoodland Fire District #74’s expense. I authorize release of the results to Hoodland Fire District #74 for their use to evaluate my suitability for employment. I also release Hoodland Fire District #74 from all liability arising out of, or connected with, examinations and/or testing.** 4. **I have had an opportunity to have my questions about this statement’s content and intent answered and understand its terms.** 5. **I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.**   **Yes**  **No**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Signature Date** |
| For Office Use only – Reviewer Signatures and certification that candidate meets minimum requirements |
| Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No  Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No |