

APPLICATION FOR SCHOLARSHIP PROGRAM

Applicants are selected without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicap, or other protected classification not related to job performance.

DATE: _____

Degree Program Applied For

Fire Science _____

Emergency Medical Services _____

Personal Information

Name _____
Last First Middle

Address _____
Street/PO Box Apt #

City State ZIP Code

Home Phone () _____ Work Phone () _____

Social Security Number _____ - -

Oregon Driver's License Number _____

Education & Training

High School

Name of School	City/State
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Have you received a high school diploma or GED? _____ *If yes, attach supporting documentation.*

Other Schools:

Name	City/State
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Type of Training	Certificate or Degree
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Name	City/State
------	------------

Type of Training	Certificate or Degree
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Name	City/State
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Type of Training	Certificate or Degree
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Name	City/State
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Type of Training	Certificate or Degree
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Name	City/State
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Type of Training	Certificate or Degree
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Work Experience

List, from most recent, any work experience, paid or unpaid, you have had.

Employer Name _____

Address _____
Street/PO Box **City & State** **ZIP Code**

Phone Number () - _____ Date of Employment ___ / ___ / ___ to ___ / ___ / ___

Reason for Leaving _____

May we contact this employer? _____

List essential job functions _____

Employer Name _____

Address _____
Street/PO Box **City & State** **ZIP Code**

Phone Number () - _____ Date of Employment ___ / ___ / ___ to ___ / ___ / ___

Reason for Leaving _____

May we contact this employer? _____

List essential job functions _____

Employer Name _____

Address _____

3. Applicants who are invited to proceed will sit for an oral interview.
4. Applicants invited to continue will be required to successfully complete a physical ability demonstration conducted by Redmond Fire & Rescue.

APPLICANT'S STATEMENT

I hereby certify that all the information I have provided in this application and any supporting or attendant documents are true and complete to the best of my knowledge.

I authorize Redmond Fire & Rescue to investigate any and all information contained herein for the purpose of selecting suitable applicants for the student program, and understand that this application is only valid for a singular application process. Future or subsequent vacancies in the student program which Redmond Fire & Rescue chooses to fill will require a new application to be submitted.

In the event I am selected for the student program, I understand that discovery of any false or misleading information provided by me in my application or interview may result in immediate removal from the program. I understand that if selected I must abide by all rules and policies of the student program and Redmond Fire & Rescue.

Signature of Applicant

Date

WAIVER OF LIABILITY STATEMENT

I, _____, have expressed an interest in becoming a participant in the Redmond Fire & Rescue/Deschutes County Rural Fire Protection District # 1 student/scholarship 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, as a part of the application process, and release Redmond Fire & Rescue, Deschutes County Rural Fire Protection District # 1, 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.

Applicant Signature

Date

Fire Chief/Designee Signature

Date