



**NEWPORT FIRE DEPARTMENT**

245 NW 10TH STREET  
NEWPORT, OREGON 97365  
(541) 265-9461  
FAX: (541) 265-9463

OFFICE OF

Application for Membership in Date of Inv. Mtg. \_\_\_\_\_  
**NEWPORT FIRE DEPARTMENT** Date App. Accepted \_\_\_\_\_  
60 Days Ends \_\_\_\_\_

DATE \_\_\_\_\_, 20\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ DOB \_\_\_\_\_

AVAILABLE FOR DUTY: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

NAME OF SPOUSE OR SIGNIFICANT OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the City of Newport to make any investigation of my personal history and criminal history, including any detention, convictions, or arrests, through any investigative agencies or bureaus of the City's choice.

I further authorize the release of information that an investigative consumer report may obtain through personal interviews with my neighbors, friends, past employers or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, or personal characteristics.

SIGNED \_\_\_\_\_

**PERSONAL REFERENCES**  
(Not Former Employers or Relatives)

NAME & OCCUPATION	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT			
Name and Address	Position/Duties	From (Mo/Yr)	To (Mo/Yr)

ANY PREVIOUS FIREFIGHTING EXPERIENCE? \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

EDUCATION: HIGHEST GRADE COMPLETED IN SCHOOL \_\_\_\_\_

OTHER ACTIVITIES: \_\_\_\_\_

HOBBIES/OTHER INTERESTS: \_\_\_\_\_

CONVICTED OF FELONY, MISDEMEANOR, OR MAJOR TRAFFIC  
INFRACTION? \_\_\_\_\_

IF SO, PROVIDE INFORMATION \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE DUTIES OF A FIREFIGHTER WITH OR WITHOUT  
ACCOMMODATION? \_\_\_\_\_

WHAT ACCOMMODATION, IF ANY, WOULD BE NECESSARY TO PERFORM THE  
REQUIRED DUTIES? \_\_\_\_\_

I understand that participation as a Firefighter in Newport Fire Department is a physically and

emotionally demanding undertaking. I agree to attend all meetings, drills, and alarms unless I am unavoidably detained or otherwise excused by the Fire Chief of the City of Newport or his authorized representative. I agree to comply with all the requirements, rules, regulations, or policies of the City of Newport, its Fire Department, and of Newport Fire Department, and with all lawful orders of the Chief of the Newport Fire Department and his authorized representatives. I understand the dangers associated with firefighting, and I assume all risks to which I may be exposed as a result of my participation as a Firefighter and in consideration of my acceptance as a volunteer Firefighter, I waive any and all claims against the City of Newport, its officers, agents employees, and representatives, or against any member of Newport Fire Department. I understand that this is a voluntary service, and that I will serve without compensation excepting nominal gratuities, and I waive all claim for which I might otherwise have for compensation for any such services which may be so rendered. Under penalty of perjury I swear that the foregoing application, and the information therein contained, is true, complete, and accurate.

APPLICANT'S SIGNATURE \_\_\_\_\_

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REPORT OF INVESTIGATING COMMITTEE

Application: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_