



# CHENA-GOLDSTREAM FIRE AND RESCUE APPLICATION

## INSTRUCTIONS

**VOLUNTEER & SCHOLARSHIP POSITIONS:** We accept applications for volunteer and scholarship positions at all times.

All positions require substantial and in-depth criminal and standards of character background checks. We do not retain applications or hold them for future use.

If you have application questions, you may contact the Fire Chief P. Frank Bracken by e-mail ([recruitment@cgfr.org](mailto:recruitment@cgfr.org)) or (907) 479-5672 between the hours of 8:00 am. and 5:00 pm. Monday through Friday, or you may leave a message after office hours.

Applicants should mail, fax or e-mail complete applications on or before the recruitment closing date.

Mail: Chena-Goldstream Fire & Rescue  
Attn: Chief P. Frank Bracken  
716 Chena Ridge Rd  
Fairbanks, Alaska 99709  
Fax: 907-479-5858  
E-mail: [recruitment@cgfr.com](mailto:recruitment@cgfr.com)

Chena-Goldstream Fire & Rescue does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, age, disability, genetic information, or status as a Veteran in employment, programs, services or activities in accordance with Federal, State and Municipal laws.

### **Chena-Goldstream Fire & Rescue is an AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**THIS APPLICATION MUST BE COMPLETED IN FULL**

(Resumes are accepted but cannot be used as a substitute for any section of this application)

**A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION FOR WHICH YOU APPLY**

**POSITION APPLYING FOR**

Volunteer

Scholarship (Please fill out the candidate profile on our website as well)

Employment: Position applying for:

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**APPLICANT INFORMATION**

Date of application

First Name:

Last Name:

Mailing Address:

City:

State:

Zip

E-mail Address:

Phone Number:

OTHER NAMES OR MAIDEN NAMES YOU HAVE WORKED UNDER:

Are you now or have you ever been employed by Chena-Goldstream Fire & Rescue?

Yes      No

If YES, please give title and dates:

Can you travel if the job requires?      Yes      No

Are you available to work:      Full-Time      Part-Time      Shift work

On what day would you be available to work?

Can you be lawfully employed in the United States? You will be required to prove, within 72 hours of hire, employment eligibility verification documents.      Yes      No

Have you ever been convicted of a felony?

If YES to felony conviction, please explain on a separate sheet of paper. A conviction record will not necessarily be a bar to employment/volunteering.

Yes      No

Have you ever been voluntarily terminated from a job?

Yes

No

If yes, please explain:

Social Security Number and Date of Birth must be disclosed at a later time for the purpose of any background investigation.

List relatives employed by or volunteering with Chena-Goldstream Fire & Rescue:

Name: Job Title: Relationship:

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### EDUCATION AND TRAINING

High School Diploma Graduation Date: \_\_\_\_\_

GED Completion Completion Date: \_\_\_\_\_

I'm still attending High School at \_\_\_\_\_ Estimated Graduation Date: \_\_\_\_\_

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### HIGH SCHOOL, GED & VOCATIONAL TRAINING SCHOOLS

Name of School: Dates Attended: Diploma, Degree or Certification

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### COLLEGE EDUCATION:

N/A 1 Year 2 Years 3 Years 4 Years 4+Years

College or University Name:

Dates Attended From: To: Major:

Diploma or Degree

Date Received:

College or University Name:

Dates Attended From: To: Major:

Diploma or Degree

Date Received:

List any certifications or licenses you hold pertinent to the position for which you are applying.

**Please attach copies of your certifications.**

Title State or Licensing Agency Expiration Date

Title State or Licensing Agency Expiration Date

Classes or courses taken related to the fire services and/or EMS:

Honors or awards received:

Out of school or off work activities you participate in:

Sports you participate in:

Volunteer activities:

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Do you have a valid driver's license?

Yes No

Driver's License Number:

State:

Do you have a commercial  
driver's license

Yes No

Class:

Endorsements:

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## OFFICE SKILLS

Typing Speed (WPM)

10-Key by touch?

Yes No

Rate your proficiency with the following applications:

	Very Proficient	Proficient	Neutral	Somewhat Proficient	Not Proficient
Excel Spreadsheets					
Microsoft Word					
Google Applications					
State or Alaska Data Reporting System					

Can you work in adverse weather conditions?

Yes      No

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**PERSONAL & PROFESSIONAL REFERENCES:**

First Name

Last Name:

E-mail Address:

Phone:

Type of reference

Personal

Professional

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First Name

Last Name:

E-mail Address:

Phone:

Type of reference

Personal

Professional

---

First Name

Last Name:

E-mail Address:

Phone:

Type of reference

Personal

Professional

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## EMPLOYMENT HISTORY

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience for the past 10 years. Please be sure to describe completely, duties performed, which could demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The Department will conduct background checks to verify information on applications.

Name of Employer:

Address of Employer:

City:

State:

Zip

Dates employed from:

To:

Hours per week:

Employer Phone Number:

May we contact this employer?

Yes

No

Supervisors's Name:

Supervisor's Title:

Did you supervise other's in  
this position?

How many youth (under 18 yrs. old)?

Adult (18+ yrs. old)

Yes

No

Your job title and wage:

Reason for leaving?

Duties:

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Name of Employer:

Address of Employer:

City:

State:

Zip

Dates employed from:

To:

Hours per week:

Employer Phone Number:

May we contact this employer?

Yes

No

Supervisors's Name:

Supervisor's Title:

Did you supervise other's in  
this position?

Yes

No

How many youth (under 18 yrs. old)?

Adult (18+ yrs. old)

Your job title:

Reason for leaving?

Duties:

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Name of Employer:

Address of Employer:

City:

State:

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Dates employed from:

To:

Hours per week:

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May we contact this employer?

Yes

No

Supervisors's Name:

Supervisor's Title:

Did you supervise other's in  
this position?

Yes

No

How many youth (under 18 yrs. old)?

Adult (18+ yrs. old)

Your job title:

Reason for leaving?

Duties:

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**APPLICANT CERTIFICATION  
(please read and sign below)**

I understand that CGFR is subject to the Alaska Public Records Act, AS 09.25.110. My application for employment and other documents concerning me may be subject to public disclosure under state law.

I certify that all information provided in this application and any attachments is true. I understand that any false statement made herein is sufficient reason for rejection of my application or termination of subsequent employment or membership.

I authorize Chena-Goldstream Fire & Rescue, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education or military background; to obtain a 'consumer report' and/or 'investigative consumer report' as defined by the Fair Credit Reporting Act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I may be required to sign separate consent forms for this purpose. I understand that I will be required to furnish my Social Security Number and date of birth as information required to perform investigations and background checks.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

Signature:

Date:

**APPLICATION WILL BE REJECTED IF NOT SIGNED AND DATED BY  
APPLICANT**

Applications Checklist

Completed Application

Completed Background Check Form

Copy of valid driver's license

# Background Release



Background Checks for  
Volunteers by true hire

In connection with this application for my service at Chena-Goldstream Fire & Rescue, I understand that an  
(NAME OF ORGANIZATION)

investigative consumer report may be requested now by True Hire, and in the future as terms of my continued employment. This report may include information pertaining to my character, education, work history, credit history, motor vehicle records, and criminal information contained within any government agency, Federal, State, or Local. This information shall include, but not be limited to, verifying any statements made on my application.

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Company or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

If required, I specifically authorize a credit report to be obtained on myself. If required, I specifically authorize workers compensation claim information to be obtained on myself by True Hire.

I recognize and agree that a copy or facsimile of this document shall be as valid as the original and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.

## Confidential Information Used for Background Checking Purposes Only

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	PHONE	EMAIL	
PRESENT ADDRESS		CITY, STATE, ZIP		COUNTY

*Please list any previous addresses you have had in the past 7 years:*

STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)

*Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years (including years used):*

[1] FORMER NAME	[2] FORMER NAME	[3] FORMER NAME	[4] FORMER NAME
[1] DATES USED (FROM/TO)	[2] DATES USED (FROM/TO)	[3] DATES USED (FROM/TO)	[4] DATES USED (FROM/TO)

*Please list any former felonies or misdemeanors you have been convicted of in the past 7 years:*

FELONY OR MISDEMEANOR	DATE & CHARGE	COUNTY/STATE	DISPOSITION
FELONY OR MISDEMEANOR	DATE & CHARGE	COUNTY/STATE	DISPOSITION

Sign Here

Signature:

Date: