

PAF

DPSST Office Use Only
DPSST Fire Service #
Date
By

Department of Public Safety Standards and Training

4190 Aumsville Hwy SE
 Salem, OR 97317
 Phone: 503-378-2100
 Fax: 503-378-4600

**PERSONNEL / AGENCY FORM**

(Revised 08/2016)

Fire Service Agency Name

1. PERSONNEL

Name: Last	First	Middle Initial	Sex	Date of Birth	DPSST Fire #
			(M/F)	(Mandatory)	

2. PERSONNEL ACTIVITY

New Employee <input type="checkbox"/> <i>Date:</i> Background Investigation Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Resigned <input type="checkbox"/> <i>Date:</i>	Retired <input type="checkbox"/> <i>Date:</i>	Deceased <input type="checkbox"/> <i>Date:</i>
Leave of Absence <input type="checkbox"/> <i>Date:</i>	Lay Off <input type="checkbox"/> <i>Date:</i>	Failed Probation <input type="checkbox"/> <i>Date:</i>	Discharged – Performance <input type="checkbox"/> <i>Date:</i> Discharged – Behavior <input type="checkbox"/> <i>Date:</i>
Other or Name Change <input type="checkbox"/> <i>Date:</i> <i>Explanation:</i>			

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address		City	Zip
Agency Phone	Fax	Email	

Chief	Chief Contact Phone	Cell
Effective Date	Fax	Email

Training Officer	T.O. Contact Phone	Cell
Effective Date	Fax	Email

Authorized Signer	Contact Phone	Cell
Effective Date	Fax	Email

Remove a Chief, Training Officer, or Authorized Signer:	Effective Date:
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As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070, OAR 259-009-0010. requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. **If this form is not filled out completely, it will be returned unprocessed.**

Signature: _____ **Printed Name:** _____ **Date:** _____
 (Signature of Agency Head or Designee)