

# **WILDER RURAL FIRE PROTECTION DISTRICT**

## **APPLICATION FOR EMPLOYMENT**

Wilder Rural Fire Protection District - 610 Patriot Way -Wilder, Idaho 83676

The Wilder Rural Fire Protection District is an Equal Employment Opportunity employer and its employment practices conform to the requirement outlined in Title I and II of the American with Disabilities Act. Wilder Rural Fire Protection District adheres to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, or disability. Wilder Rural Fire Protection District assures you that your opportunity for employment with the District depends solely on your qualifications.

If you have questions or comments regarding this application, please contact a District representative at (208) 482-7563.

Thank you for completing this application and for your interest in Wilder Rural Fire Protection District employment.

# **AUTHORIZATION TO RELEASE INFORMATION AND INVESTIGATE**

*(Carefully read this authorization to release information about you and to investigate you, then **sign and date it in ink in the presence of a NOTARY PUBLIC.**)*

I understand that all personnel records of a current or former public employee or official other than the person's public service or employment history, classification, pay-grade and step, longevity, gross salary and salary history, status, work-place and employing agency, are not a matter of public record and are exempt from public disclosure, unless I authorize otherwise. I further understand that all other personnel information relating to a public employee or official or applicant, including but not limited to, information regarding sex, race, marital status, birth date, home address and telephone number, applications, testing and scoring materials, grievances, correspondence and performance evaluations, shall not be disclosed to the public without the employee's or applicant's written consent.

I understand that by the signing of this release I am agreeing to waive any non-disclosure rights I may have regarding any document or other information in any personnel file or other file maintained by any former employer, person or entity. This release authorizes the disclosure of any document or information relating to me in any way, regardless of the privacy information that it may contain.

I further authorize the Wilder Rural Fire Protection District's designee, an investigator representing the Wilder Rural Fire District (hereinafter referred to as "the investigator") to examine or copy any and all files maintained by any person or entity in regard to me and my employment with any person or entity.

I authorize the investigator to interview any and all persons regarding any and all aspects of my former employment, employment history, background, and/or any other matter connected with or related to my employment history and/or background information.

I, in exchange for allowing the investigator to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge the Commissioners of the Wilder Rural Fire Protection District, Canyon County, The Canyon County Sheriff, Canyon County, Idaho and all agents, employees, elected and appointed officers of the Wilder Rural Fire Protection District and all of the entities' and those persons, employees, officers, representatives, attorneys, agents, insurers, successors and assigns and all other persons or entities acting for, by or through them, whether acting in their individual capacity or on behalf of said individuals or entities hereinafter collectively referred to as "Wilder Rural Fire Protection District" from any liability or damage which may result from the examination or release of any records to, from the disclosure of information from, and/or from the conducting of an interview by, the investigator.

Further, I, in exchange for allowing to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals, do hereby, and for my heirs, executors, administrators, agent, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge any person or entity who releases to, or allows the examination by, or participates in an interview with, the investigator, as authorized in this release, from any liability or damage which may result therefrom.

**WILDER RURAL FIRE PROTECTION DISTRICT**  
**Supplemental Application for EMS Provider**

Are you currently a certified EMS provider? Yes \_\_\_ No \_\_\_ If "yes", mark level of certification and State of Certification. \_\_\_ First Responder \_\_\_ EMT State \_\_\_\_\_ Cert. No. \_\_\_\_\_

Are you certified National Registry? Yes \_\_\_ No \_\_\_ If "yes", Registry No. \_\_\_\_\_

If you do not hold a current EMS Provider certification recognized by Idaho State EMS, do you request that the Wilder Rural Fire Protection District provide the training necessary to obtain your Idaho EMS Certification? Yes \_\_\_ No \_\_\_ If "yes", what level of certification do you wish to obtain? \_\_\_ First Responder \_\_\_ EMT

I understand that in exchange for the training expenses incurred by the Wilder Rural Fire Protection District, I will provide EMS services for the district for a minimum of two (2) years commencing with the completion of classes, passing the final exam and obtaining my State EMS Certification, in accordance with Title 14 of the Wilder Rural Fire Protection District Policy Code.

I further understand that should I not complete the required course, or should I fail to pass the certification exam, I will be required to reimburse the Fire District the full amount of the cost of the course.

I also understand that should I discontinue to provide EMS service for the Fire District within the minimum two (2) years agreed stated herein, I will reimburse my training expenses to the Wilder Rural Fire District as follows. During the first year, 100% of the cost. After the 1-year anniversary date 50% of the original cost and on a monthly prorated basis thereafter until the 2-year anniversary date.

I understand that by signing this request and accepting training, I am entering into a legal, binding agreement with the Wilder Rural Fire Protection District to provide EMS service for the District. I also understand that should the District find it necessary to take legal action to recover the above-mentioned expenses, I will also be liable for any expenses that should be incurred in such action.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this agreement contains the entire agreement between \_\_\_\_\_ and the Wilder Rural Fire Protection District, Canyon County, Idaho.

*(Applicants Printed Name)*

DATED This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*(Signature)*

STATE OF IDAHO    )  
                          S.S.  
County of Canyon

On This \_\_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_\_\_, before me \_\_\_\_\_,  
*(Notary's Name)*

personally appeared \_\_\_\_\_, and proved to me on the basis of satisfactory evidence to  
*(Individual's Name)*

be the person(s) whose name(s) is (are) subscribed to the within instrument and acknowledge that he (she) executed the same.

\_\_\_\_\_  
Notary Public

My Commission Expires on \_\_\_\_\_

# Personal Data

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

1. Position Applying For: \_\_\_\_\_
2. Name: \_\_\_\_\_  

Last	First	MI	Preferred Name
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3. Mailing Address: \_\_\_\_\_  
 Street Number or PO Box \_\_\_\_\_  
 \_\_\_\_\_  

City	County	State	Zip
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4. Physical Address: \_\_\_\_\_  
 (if different than mailing address)
5. Phone Number: \_\_\_\_\_  

Home	Work	Cell
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# Education and Training

	Name of School	Location (Mailing address)	Circle Last Grade Completed	HS Diploma or GED*	Major or Minor or Field of Study
Senior High School			10 11 12		
Technical, Vocational, Business, or Trade School			10 11 12		
College or University			1 2 3 4		
Graduate School			1 2 3 4		

\*GED Certificate Date Passed \_\_\_/\_\_\_/\_\_\_

State awarded \_\_\_\_\_

6. Special Qualifications and Skills: \_\_\_\_\_  
 Licenses; Skills with Machines; Public Speaking; Foreign Languages; Memberships  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Clerical skills: \_\_\_\_\_
8. Computer skills: \_\_\_\_\_
9. Awards, honors & fellowships received: \_\_\_\_\_

## Work History:

In the space provided below, give your employment history, beginning with your present or most recent employer and list all positions held. Include military, part-time and volunteer work which might demonstrate relevant job skills. Details on any periods of unemployment must be included. If more space is required, attach additional sheets using the same format.

A. Employer Name & Business Address:			
Dates of Employment:	From _____ Month/Year	To _____ Month/Year	Salary: _____
Job Title:			
Name of Supervisor:	Tel: _____		
Duties & Responsibilities:			
Reason for Leaving:	May we contact your Employer regarding your employment record? Yes___ No___		

B. Employer Name & Business Address:			
Dates of Employment:	From _____ Month/Year	To _____ Month/Year	Salary: _____
Job Title:			
Name of Supervisor:	Tel: _____		
Duties & Responsibilities:			
Reason for Leaving:	May we contact your Employer regarding your employment record? Yes___ No___		

C. Employer Name & Business Address:			
Dates of Employment:	From _____ Month/Year	To _____ Month/Year	Salary: _____
Job Title:			
Name of Supervisor:	Tel: _____		
Duties & Responsibilities:			
Reason for Leaving:	May we contact your Employer regarding your employment record? Yes___ No___		

## Military Service

10. Have you ever served in the U.S. Armed Forces? \_\_\_Yes \_\_\_No

If "yes" complete VA form and attach DD-214 and VA certification letter, if applicable.

## General Information:

11. Are you authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate how you are authorized:  
\_\_\_\_ U.S. Citizen \_\_\_\_ Permanent Resident \_\_\_\_ Other, please specify \_\_\_\_\_

12. Are you able to respond to calls which include varying hours, nights, weekends and holidays? Yes \_\_\_\_ No \_\_\_\_

13. Are you related by blood or marriage to any person now employed by WRFPD? Yes \_\_\_\_ No \_\_\_\_  
If "yes", give name and relationship in Item 18.

14. Have you been dismissed or forced to resign from any position? If yes, give complete Details in Item 18. Yes \_\_\_\_ No \_\_\_\_

15. Have you ever been convicted of any offense against the law since your 18<sup>th</sup> birthday? Yes \_\_\_\_ No \_\_\_\_  
If your answer is "yes," list details under Item 18. **Note: A conviction does not automatically mean that you cannot be considered for employment; however, any misrepresentations, omissions or falsifications will result in your application being rejected.**

16. Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ License # / State \_\_\_\_\_ / \_\_\_\_\_  
Expiration date \_\_\_\_\_

17. List three personal references **not** related to you.

May we contact the following references at this time? Yes \_\_\_\_ No \_\_\_\_

1. \_\_\_\_\_  
Name Business or occupation  
\_\_\_\_\_  
Present business or home address Daytime phone

2. \_\_\_\_\_  
Name Business or occupation  
\_\_\_\_\_  
Present business or home address Daytime phone

3. \_\_\_\_\_  
Name Daytime phone

18. Space for detailed answers. Indicate items to which answers apply. If additional sheet(s) using same format.

Item no. \_\_\_\_\_  
Details \_\_\_\_\_

Item no. \_\_\_\_\_  
Details \_\_\_\_\_

**Declaration of applicant:** I hereby certify the there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omissions, or falsifications, my application will be rejected, or if already employed, my employment will be terminated. I authorize WRFPD to verify any information given by me pertaining to this application. I understand that the completion of this application or acceptance of an offer of employment does not create any contractual obligation between WRFPD and me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# WILDER RURAL FIRE PROTECTION DISTRICT

## DRIVING RECORD RELEASE FORM

I hereby authorize the Wilder Rural Fire Protection District to review my driving record, and I authorize the Idaho State Department of Motor Vehicles and any other agency with driving information to release their records to the Wilder Rural Fire Protection District.

I understand this is a job-related requirement, as I may be operating District vehicles if employed. I also understand, if employed, periodic checks may be made on my driving record.

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date