Donnelly Rural Fire Protection District
P.O. Box 1178
Donnelly, Idaho 83615
Phone (208) 325-8619 Fax (208) 325-5081

Candidate Packet

This packet should include the following paperwork:

Application
Confidentiality Agreement
Urine Drug Screen
Background Check

Donnelly Rural Fire Protection District

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CONFIDENTIALITY AGREEMENT:

I understand that as a MEMBER of the Donnelly Rural Fire Protection District (DRFPD), I may incidentally or inadvertently encounter, view or access certain Confidential Information maintained by DRFPD which may qualify as Protected Health Information ("PHI") or electronic PHI within the meaning of the Health Insurance Portability and Accountability Act of 1996, as amended, and the privacy and security standards promulgated pursuant thereto ("HIPAA"). "Confidential Information" means any and all non-public, medical, financial, and personal information in whatever form (written, oral, visual, or electronic) possessed or obtained by either party. Confidential Information shall include all information which:

(i) either party has labeled in writing as confidential,
(ii) is identified at the time of disclosure as confidential,
(iii) is commonly regarded as confidential in the health care industry,
(iv) and is protected health information as defined by HIPAA.

As a MEMBER, I agree:

(i) that if I do not have a need to access or view confidential information to provide care,
(ii) I will not attempt to obtain access to confidential information,
(iii) I agree to maintain the confidentiality of any confidential information,
(iv) including Protected Health Information, that I incidentally or inadvertently encounter, view or have access to while serving as a MEMBER.

The obligations of confidentiality and non-use and non-disclosure under this Agreement will continue indefinitely from the effective date of this Agreement. I have read and understand the above information regarding medical information protected by HIPAA. I understand that by signing this agreement, I will abide by the protections as set forth by HIPPA

_____
Member Signature

_____ _____
Member Printed Name Position

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Urine Drug Screen Test:

_____ _____

Printed Name Date

Test Results:

_____ Negative _____ Positive

I certify that the above individual completed the urine drug screen and the results are accurately recorded.

_____ _____

First Witness (Signature) Second Witness (Signature)

_____ _____

First Witness (Printed) Second Witness (Printed)

I certify that the urine sample I provided was not tampered with, the results were reviewed with me and the above information is documented accurately.

_____

Signature of Individual Tested

Professional References:

Name: _____ Phone: _____

Address: _____ Email Address: _____

Relationship: (Supervisor, Co-worker, Relative) _____

Name: _____ Phone: _____

Address: _____ Email Address: _____

Relationship: (Supervisor, Co-worker, Relative) _____

Name: _____ Phone: _____

Address: _____ Email Address: _____

Relationship: (Supervisor, Co-worker, Relative) _____

Certification Statement:

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered sufficient reason for denial of employment or termination of employment if I become an employee.

_____ _____

Applicant Signature Date

Employment History:

_____ _____ / _____

Employers Name: From: To:

_____ _____

Mailing Address City State Zip Code Phone Number

_____ _____ _____ / _____

Supervisor Hours Worked / Week Starting Salary Ending Salary

_____

Position

_____

Reason For Leaving

May We Contact This Employer? Yes: ____ No: ____

Primary Duties_

_____ _____ / _____

Employers Name: From: To:

_____ _____

Mailing Address City State Zip Code Phone Number

_____ _____ _____ / _____

Supervisor Hours Worked / Week Starting Salary Ending Salary

_____

Position

_____

Reason For Leaving

May We Contact This Employer? Yes: ____ No: ____

Primary Duties:

Employment History:

_____ _____ / _____

Employers Name: From: To:

_____ _____

Mailing Address City State Zip Code Phone Number

_____ _____ _____ / _____

Supervisor Hours Worked / Week Starting Salary Ending Salary

_____

Position

_____

Reason For Leaving

May We Contact This Employer? Yes: ____ No: ____

Primary Duties:

_____ _____ / _____

Employers Name: From: To:

_____ _____

Mailing Address City State Zip Code Phone Number

_____ _____ _____ / _____

Supervisor Hours Worked / Week Starting Salary Ending Salary

_____

Position

_____

Reason For Leaving

May We Contact This Employer? Yes: ____ No: ____

Primary Duties:

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Firefighter Application:

Name: First MI Last _____ Date of Birth (mm / dd / yyyy) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Cell / Home / Work _____ Email Address _____

Driver's License (DL) Number _____ Issuing State _____ ****Please attach a PDF file copy of your DL****

License Ever Suspended? Brief Explanation: _____

Education:

High School _____ City _____ State _____
Years Completed _____ Graduate (Yes / No) _____ Year _____

College / University _____ City _____ State _____
Years Completed _____ Graduate (Yes / No) _____ Year _____

Technical School _____ City _____ State _____
Years Completed _____ Graduate (Yes / No) _____ Year _____

Other Schooling / Training _____ City _____ State _____
Years Completed _____ Graduate (Yes / No) _____ Year _____