

# **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

# Donnelly Rural Fire Protection District

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



## **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

## **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:

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\_\_\_\_\_  
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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## **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\_

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\_\_\_\_\_  
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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## **Professional References:**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Relationship: (Supervisor, Co-worker, Relative)

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\_\_\_\_\_  
Name:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Relationship: (Supervisor, Co-worker, Relative)

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\_\_\_\_\_  
Name:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Relationship: (Supervisor, Co-worker, Relative)

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## **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