

Date of Application: _____



Donnelly Rural Fire Protection District
P.O. Box 1178
Donnelly, Idaho 83615
208-325-8619

Paramedic Application

Name (Last, First, MI)

Mailing Address City State Zip

Physical Address City State Zip

Phone Circle one: (Cell / Home / Work)

Email Address DOB / /

Emergency Contact Person Relation Phone Number

Driver's License Number State of Issue
License ever suspended? ____ Yes ____ No If yes, please explain: _____

Education

High School:		City, State:	
Years Completed:	Did you graduate?		
College:		City, State:	
Years Completed:	Did you Graduate?	Degree:	
Technical School:		City, State:	
Years Completed:	Did you Graduate?	Degree:	
Other School/Training:		City, State:	
Years Completed:	Did you Graduate?	Degree:	

(Fill out both sides)

Date of Application: _____

Employment History *Please provide two accounts of employment history.*

Employer's Name:	From:	To:
Address:	Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:
Position:		Last Salary:
May We Contact this Employer (circle one) Yes No		
Reason for Leaving:		
Primary Duties:		
Employer's Name:	From:	To:
Address:	Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:
Position:		Last Salary:
May We Contact this Employer (circle one) Yes No		
Reason for Leaving:		
Primary Duties:		

Professional References

- | | | |
|----|---------|--|
| 1. | Name | Phone |
| | Address | Relationship (i.e., supervisor, co-worker) |
| 2. | Name | Phone |
| | Address | Relationship (i.e., supervisor, co-worker) |
| 3. | Name | Phone |
| | Address | Relationship (i.e., supervisor, co-worker) |

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 as sufficient reason for denial of employment or termination of employment if I become an employee.

Applicant Signature _____

Date _____

(Fill out both sides)