



Donnelly Rural Fire Protection District New Candidate Packet

This packet should include the following paperwork:

Candidate Process

Application

Interest Questionnaire

Confidentiality Agreement

Urine Drug Screen

Background Check

Donnelly Rural Fire Protection District

P.O. Box 1178

Donnelly, Idaho 83615

208-325-8619



Candidate Process

Interviews

1. Completed application to be turned in to and reviewed by Recruit and Retention Officer
2. Interview with Recruit and Retention Officer and EMS Captain
 - a. Interview with 3 personnel from Membership
 - i. Must pass interview with 80% score
 - b. Drug screen and background check application
3. Interview with Chief
4. Recruit and Retention Officer will contact you within 7 days
5. Attends the next member's meeting

Probationary Period

1. Receives Qualification Card
 - a. Within **30 days**, complete Part I: General Requirements.
 - b. Within **6 months**, complete Part II: Basic Skills Evaluation.
 - c. Approval from Deputy Chief, EMS Captain and Training Officer for eligibility to continue
 - d. Within **1 year**, complete Part III: Apparatus Evaluation and Part IV: Additional Requirements.
 - e. Approval from Department Heads and designated individuals on Qual card

New Member of DRFPD

1. Eligible to sign up for on-call shifts and 9-hour day shifts (day shifts will be at half pay until member is cleared to be a "third")
 - a. Obtain minimum of EMR or FFT1
 - b. Prove competency to all Shift Commanders
 - c. Approval from Shift Commanders, Department Heads and Chief
2. Eligible to sign up as third

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Firefighter 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:

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 _____ Address _____	Phone _____ Relationship (i.e., supervisor, co-worker) _____
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2.

Name _____ Address _____	Phone _____ Relationship (i.e., supervisor, co-worker) _____
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3.

Name _____ Address _____	Phone _____ Relationship (i.e., supervisor, co-worker) _____
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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

Candidate Name: _____

Date: _____

DRFPD New Member Interest Questionnaire

What are your interests as a member of DRFPD? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Volunteer for community events | <input type="checkbox"/> Provide patient care as an EMT |
| <input type="checkbox"/> Drive apparatus for transfers/emergency calls | <input type="checkbox"/> Perform duties as a firefighter |
| <input type="checkbox"/> Provide assistance on scene to EMS | <input type="checkbox"/> Teach CPR/First Aid |
| <input type="checkbox"/> Provide assistance on scene to Firefighters | |
| <input type="checkbox"/> Help with fire prevention education activities | |

What are your long term goals?

- I have a job, I just want to volunteer where I can.
- I want to spend time at the department and see where it goes.
- I want to train to be eligible for a position within a department, this one or elsewhere.

How much time do you reasonably expect (on average) to contribute to the department?

hours per day days per week days per month

Please indicate if you have experience (E) or interest (I) in any of the following activities. (check all that apply)

E	I		E	I	
<input type="checkbox"/>	<input type="checkbox"/>	Fire prevention & Safety education	<input type="checkbox"/>	<input type="checkbox"/>	Fire investigation
<input type="checkbox"/>	<input type="checkbox"/>	Small Engine Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>	Grant Writing
<input type="checkbox"/>	<input type="checkbox"/>	Ropes and/or Rope Rescue	<input type="checkbox"/>	<input type="checkbox"/>	CPR/First Aid
<input type="checkbox"/>	<input type="checkbox"/>	Whitewater Activities and/or rescue	<input type="checkbox"/>	<input type="checkbox"/>	Extrication
<input type="checkbox"/>	<input type="checkbox"/>	Farm equipment or heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	Trench Rescue
<input type="checkbox"/>	<input type="checkbox"/>	Fitness	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	Community Health	<input type="checkbox"/>	<input type="checkbox"/>	Injury Prevention
<input type="checkbox"/>	<input type="checkbox"/>	Wildland Urban Interface, fire prevention and creating defensible space			

Other _____

CONFIDENTIALITY AGREEMENT

I understand that as a MEMBER of the Donnelly Rural Fire Protection District, 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, or (iv) is Protected Health Information as defined by HIPAA. As a MEMBER, I agree that if I do not have a need to access or view Confidential Information to provide care, I will not attempt to obtain access to Confidential Information. I agree to maintain the confidentiality of any Confidential Information, 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 HIPAA.

Member Printed Name

Position

Member Signature

Date



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Urine Drug Screen

Printed Name of Individual Tested

Date Test Completed

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 Name

Second Witness Printed Name

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



**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**



**NAME BASED CRIMINAL BACKGROUND CHECK FORM
of the Idaho Central Repository of Criminal History Records**

A \$20 processing fee must be included. Each field must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. A personal check will only be accepted if issued by the requestor or requesting agency. A \$20.00 fee will be charged for any returned checks.

*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.***

Incomplete forms will be returned unprocessed.

REQUEST			
Please provide an Idaho Criminal History on the individual named below.			
Last Name	First Name	Middle Name	
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.			
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)	Sex	Race
Address	City	State	Zip
WAIVER			
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition , cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.			
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.			
Signature		Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>			

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Incomplete forms will be returned unprocessed

Requesting Person or Company	Address of Requester (Results will be mailed to this address)		
Donnelly Rural Fire Protection District	Street 244 W Roseberry Rd		
	City, State & Zip Code Donnelly, ID 83615		
Printed Name of Requester (Print Legibly)	Signature of Requester	Phone Number of Requester	
Rick Hiatt		208-325-8619	

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642

(208) 884-7130 • FAX (208) 884-7193

Rev. 6/22/2017



Idaho State Police

Bureau of Criminal Identification



CREDIT CARD AUTHORIZATION FORM

*****Please note: There is an additional processing fee of \$1.00 plus 3% of the total transaction for all payments made by credit or debit card. *****

Credit Card (If paying by credit or debit card, complete the following)*

Name of applicant/subject(s) of record _____

Requestor/Agency _____

Credit Card Type

Visa

AmEx

MasterCard

Discover

Credit Card Number: - - -

Expiration Date: /

Zip Code (Required):

Name as it appears on card: _____

Phone Number: _____

(Phone number required, in case we need clarification or have questions regarding payment)

Email: _____

(If you prefer your receipt to be emailed, please provide a legible email address)

Signature of Payee: _____

(Required before mailing or faxing)

Electronic signatures will not be accepted

Phone: (208) 884-7130
 Fax: (208) 884-7193
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 Meridian, ID 83642