



GEM COUNTY FIRE DISTRICT #1
APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Applying for position: _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ HOME TELEPHONE _____

CITY _____ STATE _____ ZIP _____

DRIVERS LICENSE NUMBER _____ STATE _____

CELLULAR NUMBER _____ E-MAIL _____

ARE YOU A LEGAL CITIZEN OF THE UNITED STATES OF AMERICA? _____ YES _____ NO

ARE YOU OR HAVE YOU SERVED IN THE UNITED STATES MILITARY? _____ YES _____ NO

BRANCH OF SERVICE _____ REASON FOR DISCHARGE _____

DO YOU HAVE ANY EXPERIENCE AS A STRUCTURAL OR WILDLAND FIREFIGHTER?
_____ YES _____ NO

DO YOU CONSIDER YOURSELF PHYSICALLY CAPABLE TO PERFORM THE JOB AND DUTIES OF A FIREFIGHTER UNDER EXTREME CONDITIONS, SUCH AS LONG HOURS, LIFTING HEAVY LOADS, EXTREME CLIMATIC CONDITIONS, WORKING FROM HIEGHTS, WITHIN CONFINED SPACES, ETC. _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OR ADJUDICATED FOR A FELONY OR SERIOUS MISDEMEANOR? _____ YES _____ NO IF YES, GIVE DETAILS

HAVE YOU EVER RECEIVED OR BEEN CITED FOR ANY TRAFFIC VIOLATION EXCEPT A PARKING TICKET? _____ YES _____ NO IF YES, GIVE DETAILS INCLUDING DATES

DO YOU CONSUME ALCOHOL OR OTHER INTOXICANTS? ____ YES ____ NO

DO YOU OR HAVE YOU EVER CONSUMED NARCOTICS ____ YES ____ NO

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN ____ YES ____ NO

EDUCATION INFORMATION

NAME OF LAST HIGH SCHOOL ATTENDED _____

HIGHEST LEVEL OF HIGH SCHOOL COMPLETED? 9 10 11 12
YEAR GRADUATED _____ DIPLOMA OR G.E.D?

NAME OF COLLEGE OR UNIVERSITY ATTENDED _____

DEGREE AND/OR AREA OF STUDY _____

LIST ANY SPECIAL SKILLS THAT MAY BENEFIT GEM COUNTY FIRE DISTRICT #1 _____

LIST ANY SPECIAL TRAINING OR CERTIFICATIONS IN FIREFIGHTING/EMS OR THAT MAY BE BENEFICIAL TO THE GEM COUNTY FIRE DISTRICT #1 _____

NREMT/State License/Certification Level: _____

REFERENCES

NAME _____ TELEPHONE NUMBER _____

RELATIONSHIP _____

NAME _____ TELEPHONE NUMBER _____

RELATIONSHIP _____

NAME _____ TELEPHONE NUMBER _____

RELATIONSHIP _____

EMPLOYMENT HISTORY *(Starting from most recent)*

COMPANY OR BUISNESS NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ EMPLOYED FROM _____ TO _____

OCCUPATION OR DUTIES _____

REASON FOR LEAVING _____

COMPANY OR BUISNESS NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ EMPLOYED FROM _____ TO _____

OCCUPATION OR DUTIES _____

REASON FOR LEAVING _____

COMPANY OR BUISNESS NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ EMPLOYED FROM _____ TO _____

OCCUPATION OR DUTIES _____

REASON FOR LEAVING _____



I _____ hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation, at any time disclose any misrepresentation and/or falsifications, my service and my application will be rejected. I will be dismissed from service and I will be disqualified from applying in the future for any position under the jurisdiction of the Gem County Fire District #1.

SIGNATURE _____ DATE _____

READ CAREFULLY

CERTIFICATE OF APPLICANT, RELEASE OF INFORMATION AUTHORIZATION

I _____, do hereby authorize the medical doctors, insurance companies, local, state and federal agencies and present and former employers to furnish Gem County Fire District #1 with any and all available information regarding me, in order that Gem County Fire District #1 may determine my suitability for Gem County Fire District #1 service.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE
OFFICE USE ONLY

DATE OF INTERVIEW _____ DATE OF HIRE _____

END OF PROBATION _____