

## Clark Fork Fire & Rescue, Idaho

### Application for Employment

An Equal Opportunity Employer

**All Fire Department positions are VOLUNTEER:** To be considered an applicant, you must complete this form. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone: (    ) (    ) (    )				
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title:				
Emergency 24hr. On-Call:	What shifts will you work?	May We Contact Present Employer?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____	

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From / To:</u>	<u>Diploma, Degree</u> <u>&amp; Major</u>	Graduated?
High School					
College					
Other (Business, Vocational, Military)					

**Employment History** (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer: \_\_\_\_\_

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

Street City State Zip

Telephone: ( ) Supervisor Name: \_\_\_\_\_

Dates From: To: Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Employer:**

Employer: \_\_\_\_\_

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

Street City State Zip

Telephone: ( ) Supervisor Name: \_\_\_\_\_

Dates From: To: Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Employer:**

Employer: \_\_\_\_\_

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

Street City State Zip

Telephone: ( ) Supervisor Name: \_\_\_\_\_

Dates From: To: Final Rate of Pay: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Technology Skills (List All Skills & Software Applications You Have Experience Using):**

Word Processing:  
 Spreadsheet:  
 Other Software:  
 Database:  
 Microsoft Office? Yes  No  PowerPoint? Yes  No   
 Scanner? Yes  No  Copier? Yes  No   
 Digital Phone Systems? Yes  No   
 Explain Internet Skills, Including Email Usage:  
 Professional Licenses or Certificates Held:

**Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) \_\_\_\_\_  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) \_\_\_\_\_  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Telephone: ( ) \_\_\_\_\_  
 Home Other  
 Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No   
 If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you related by blood or marriage to any person now employed by Employer? Yes  No

If yes, give name and relationship to you:

### **CERTIFICATION**

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Application to:**

**Clark Fork Fire & Rescue  
P.O. Box 10  
Clark Fork, Idaho 83811**

Or

**Deliver to Clark Fork City Hall, 110 E. 3<sup>rd</sup> St.**

**Phone: (208) 266-1337**

**Fax: (208) 266-1278**

IT IS THE POLICY of the Clark Fork Fire & Rescue to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

TODAY'S DATE: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of \_\_\_\_\_, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the \_\_\_\_\_. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

DATED: \_\_\_\_\_

Printed Name, including all names I have previously used or been known by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

DOB: \_\_\_\_\_