

Northern Lakes Fire Protection District

125 W. Hayden Ave., Hayden, ID 83835

Phone: (208) 772-5711

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www.northernlakesfire.com



APPLICATION FOR LATERAL FIREFIGHTER/EMT

For Office Use - Application Received Date: _____

For Office Use - Application Received by: _____

PERSONAL HISTORY

Last Name: _____ First: _____ Middle: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Valid email address is required to be contacted if selected to continue in process

Have you ever worked under a different name from name on this application? Yes No

If yes, list the different name (s): _____

Do you have a valid drivers license? Yes No State _____

Driver's License No. _____

VETERAN INFORMATION

Military Status: Have you served in the U.S. Armed Forces? Yes No

When: Branch: _____

Are you presently a member of a U.S. Reserve or National Guard Organization: Yes No

If yes, complete present grade and Service: _____

PERSONAL AND PROFESSIONAL REFERENCES

Professional: (from last three positions)

Name: _____ Title: _____ Ph: _____ Email: _____

Name: _____ Title: _____ Ph: _____ Email: _____

Name: _____ Title: _____ Ph: _____ Email: _____

Personal:

Name: _____ Relationship: _____ Ph: _____ Email: _____

Name: _____ Relationship: _____ Ph: _____ Email: _____

EDUCATION

High School Graduated from: _____ Year: _____

Address/Phone Number: _____
(Address) (City, State, Zip) (Phone #)

GED Test Passed: Where: _____ Year: _____

List all colleges, universities and other relevant education:

Institution: _____ Location: _____ Did you graduate? Yes No

Degree & Year: _____ or Major/Subject: _____

Institution: _____ Location: _____ Did you graduate? Yes No

Degree & Year: _____ or Major/Subject: _____

Institution: _____ Location: _____ Did you graduate? Yes No

Degree & Year: _____ or Major/Subject: _____

Other Education and Training: _____

WORK HISTORY (Most recent first - Include voluntary work and military experience)

1. Employer: _____ City, State: _____

Position: _____ Dates Employed: From: _____ To: _____

Hours Worked Per Week: _____ Hourly Pay Rate: _____

Reason for Leaving: _____ May we contact this employer? Yes No

2. Employer: _____ City, State: _____

Position: _____ Dates Employed: From: _____ To: _____

Hours Worked Per Week: _____ Hourly Pay Rate: _____

Reason for Leaving: _____ May we contact this employer? Yes No

3. Employer: _____ City, State: _____

Position: _____ Dates Employed: From: _____ To: _____

Hours Worked Per Week: _____ Hourly Pay Rate: _____

Reason for Leaving: _____ May we contact this employer? Yes No

4. Employer: _____ City, State: _____

Position: _____ Dates Employed: From: _____ To: _____

Hours Worked Per Week: _____ Hourly Pay Rate: _____

Reason for Leaving: _____ May we contact this employer? Yes No

INVOLUNTARY EMPLOYMENT SEPARATIONS

Involuntary separations are not unexpected in public sector employment and do not constitute an automatic bar to employment.

Please list any employment terminations, involuntary separations or negotiated resignations:

Employer: _____ **Position:** _____ **End Date:** _____

Comments regarding circumstances: _____

Please list any employment terminations, involuntary separations or negotiated resignations:

Employer: _____ **Position:** _____ **End Date:** _____

Comments regarding circumstances: _____

CRIMINAL HISTORY/LAWSUITS

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position applied for

Have you ever been convicted of or pled guilty to a criminal offense and/or serious traffic (DUI, etc.) offense?

Yes No If yes, please describe (date, offense, circumstances):

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW

(If you do not understand any part of this page, please ask before signing)

I do hereby authorize the Northern Lakes Fire Protection District (hereinafter NLFPD) to thoroughly investigate my character references, work records, education, military, criminal background, police records, traffic offenses of record and other matters related to my suitability for employment and further authorize my current and former employers to disclose to NLFPD any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release NLFPD, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial Here _____

I understand that while not required at time of testing, proof of the following certifications are required to be considered for employment as a Career Firefighter/EMT: 1) Minimum Firefighter I Certificate or IFSAC Equivalent; 2) Minimum of Idaho (or reciprocal state) EMT certification or NREMT certification; and, 3) Hazardous Materials Awareness Certificate or IFSAC Equivalent

Initial Here _____

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between NLFPD and me.

Initial Here _____

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States upon beginning work.

Initial Here _____

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license to legally drive in the State of Idaho and understand that I may be required to provide a copy of my official driving record. I also understand that any offer of employment is contingent on my ability to be covered by NLFPD auto insurance, if required for my position.

Initial Here _____

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. Unless otherwise stated, I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial Here _____

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date Signed

Printed Name: _____

RECRUITMENT

In order to improve the District's recruitment process for future job openings, please complete the following:

How did you hear about this position:

- Internet Ad Newspaper Ad Word of Mouth Referral Other

Specific name of source: _____