

**SHOSHONE COUNTY FIRE PROTECTION DISTRICT#2**

14 W Market Ave  
Kellogg, ID 83837  
208.784.1188

**APPLICATION FOR EMPLOYMENT**

Please Print Legibly

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Number City ST. ZIP

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Cell / Fax / Message

May we contact your current or most recent employer? Yes No (Circle one)

Do you have a valid drivers license? Yes No (Circle one)

D/L No. \_\_\_\_\_ Class: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you a Unites States citizen? Yes No (Circle one)

Have you ever been convicted of any crime? Yes No (Circle one)

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

	Name and Location	Years Completed	Degree Awarded	Field of Study
High School				
College				
College				
Trade or Correspondence				

**EMPLOYMENT HISTORY**

List your last three employers. Begin with your most recent or present position.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Describe work performed and skills involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Describe work performed and skills involved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Describe work performed and skills involved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
Summarize any job related skills, licenses, or certifications you may have: \_\_\_\_\_

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

Volunteer work: Please note any volunteer work or offices held that may complement your paid work experience or relate to the position applied for: \_\_\_\_\_

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

List any professional activities and associations: \_\_\_\_\_

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

May we contact your present or past employers?      Yes      No      (Circle one)

**MILITARY**

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code 65-503 or its successor??      Yes      No      (Circle one)

**(If yes, fill out Page 5 of this application & attach proper documentation)**

Have you previously claimed such a preference?      Yes      No      (Circle one)

**REFERENCES**

List below the names of three persons who can serve as a reference for you. They should be persons with whom you have worked or had a business or student/mentor relationship. **DO NOT LIST FRIENDS AND FAMILY.**

Name	Address/Phone	Relationship
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____

3. \_\_\_\_\_

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**CERTIFICATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I voluntarily give Shoshone County Fire District #2 the right to make a thorough investigation of all statements contained herein and the references listed, my past employment and activities including background local and state police records checks. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, corporations and law enforcement agencies supplying such information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

IT IS THE POLICY of Shoshone County Fire Protection District #2 to provide equal opportunity in all terms, conditions and privileges of employment for all qualified applicants and employees without regard to race, color, national origin, gender or age (unless a bon fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

**VETERANS PREFERENCE**

If you are NOT claiming Veteran’s Preference, please initial here \_\_\_\_\_ and proceed to the next page.

*Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran’s preference, please complete the information below and attach a copy of your DD-214 to this application.*

**(Reference Idaho Code, title 65, Chapter 5, and 5 U.S.C. 2108)**

The term “**active duty**” means full-time duty in the Armed Forces, but NOT active duty for training.

**Part 1. Preference Eligible Veterans:**

- I have a service-connected disability of 10 % or more.
- I am the spouse of an eligible disabled veteran, who has a service connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

**Part 2. Documentation & Signature:**

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

- I have attached a copy of my DD-214. Veterans preference will not be considered without this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with Shoshone County Fire Protection District #2 do hereby authorize a review of and full disclosure of all records or  
or information concerning myself to any duly authorized agent of Shoshone County Fire Protection District #2, 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 Shoshone County Fire Protection District #2. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be 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

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

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

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

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

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