



# Worley Fire Protection District

31541 S Highway 95  
Worley, ID 83876

Office: 208-686-1718  
Website: [worleyfire.com](http://worleyfire.com)  
Email : [worleyfireacademy@gmail.com](mailto:worleyfireacademy@gmail.com)

## Fire Academy Application

Must be 18 years of age to apply

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

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

Present Address: \_\_\_\_\_  
(Physical) (Mailing, if different)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Have you ever worked under a different name from that which appears on this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the different name(s): \_\_\_\_\_

## PERSONAL HISTORY

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Endorsement: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

## **EDUCATION**

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ or did you receive a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_ Credits: \_\_\_\_\_

Did you obtain a college degree or vocational certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of degree or certificate: \_\_\_\_\_

What discipline was your degree or certificate in? \_\_\_\_\_

Which college or university did you obtain your degree or certificate from? \_\_\_\_\_

## **REFERENCES**

Give the information requested below on three (3) persons not related to you whom you have known for at least one (1) year:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

**PLEASE READ AND INITIAL EACH PARAGRAPH BELOW (if there is any part of this page you do not understand please ask the employer about it before signing).**

I do hereby authorize the Worley Fire Protection District (hereinafter WFD) to thoroughly investigate my character, references, work records, education, credit history, military, criminal background, police records, traffic offenses of record and other matters related to my suitability for membership and further authorize my current and former employers to disclose to WFD 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 WFD, 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. \_\_\_\_\_

I hereby certify that I have not withheld any information that might adversely affect my chances for membership 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 membership shall be grounds for rejection of this application or for immediate discharge if I am accepted, regardless of the time elapsed before discovery. \_\_\_\_\_

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 Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

A p p l i c a t i o n   R e c e i v e d   O n :   \_ \_ \_ \_   R e c e i v e d   B y : \_

Applicant has met minimum requirements: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Reviewed: \_\_\_\_\_