



Worley Fire Protection District

31541 S Highway 95
Worley, ID 83876

Office: 208-686-1718
Website: worleyfire.com
Email : admin@worleyfire.com

Administrative Assistant 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: _____

Have you ever applied to the District before? Yes _____ No _____ When? _____

If hired, can you prove that you may legally work without restrictions in the United States? Yes _____ No _____

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?

*Please **LIST AND ATTACH A COPY** of any relevant professional or vocational licenses and/or certifications which you have obtained:

Please list any special qualifications or skills, which you possess:

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:** _____

Have you ever applied for a position of employment or volunteer service with any other fire protection agency?
Yes _____ No _____ If yes, list name, location and dates you applied:

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

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. I also understand that any offer of membership is contingent on my ability to be covered by WFD insurance, if required for my position. _____

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

Application Received On: _____ Received By: _____

Applicant has met minimum requirements: Yes _____ No _____ Date Reviewed: _____

Interview Scheduled for: Date: _____ Time: _____ Location: _____

Background Check Completed On: Satisfactory? _____ Yes _____ No _____

Hire Date: _____

End Date: _____