Worley Fire Protection District

31541 S Highway 95
Worley, ID 83876

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

APPLICATION FOR EMPLOYMENT

Must be 18 years of age to apply

_____
(Title of Position)

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 you 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: _____

_____

_____

_____

WORK HISTORY

Present or Most Recent Employer: _____

Supervisor Name & Title: _____Phone: _____

Address: _____City: _____State: _____Zip: _____

Hours per week:_____Start Date:_____End Date:_____Job Title:_____

Duties Performed: _____

_____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ____ No ____

PAST THREE EMPLOYERS

Employer: _____

Supervisor Name & Title: _____Phone: _____

Address: _____City: _____State: _____Zip: _____

Hours per week:_____Start Date:_____End Date:_____Job Title:_____

Duties Performed: _____

_____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ____ No ____

Employer: _____

Supervisor Name & Title: _____Phone: _____

Address: _____City: _____State: _____Zip: _____

Hours per week:_____Start Date:_____End Date:_____Job Title:_____

Duties Performed: _____

_____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ____ No ____

Employer: _____

Supervisor Name & Title: _____Phone: _____

Address: _____City: _____State: _____Zip: _____

Hours per week:_____Start Date:_____End Date:_____Job Title:_____

Duties Performed: _____

_____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ____ No ____

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: _____

_____

If you are offered a position with the District, would you be willing to submit to any job-related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied?

Yes _____ No _____

Have you read the essential functions for the position to which you have applied? Yes _____ No _____

Can you perform the essential functions of the position to which you have applied? Yes _____ No _____

Do you require reasonable accommodations to perform the essential functions for the position to which you have applied? Yes _____ No _____

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 employment 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 employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment NFPA medical physical exam. By signing this application, I voluntarily agree to submit a pre-employment alcohol/drug screen and pre-employment NFPA medical physical exam upon request. I understand that failure to pass the alcohol/drug screen and/or NFPA medical physical exam will result in withdrawal of the employment offer. _____

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 WFD and me. In addition, I understand and agree that if I am employed; my employment relationship with WFD is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and I may terminate it at any time, with or without prior notice, with or without cause or reason. Likewise, WFD has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of WFD. In the event that some or all employees become subject to a collective bargaining agreement (CBA) that is duly executed between the employees' representative and WFD, the procedures set forth in the CBA with regard to employee discipline and termination procedures will be followed. _____

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or WFD benefits, policies and procedures will not alter our at-will and arbitration agreements. _____

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. _____

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 employment 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 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. _____

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: _____