



St. Maries Fire Protection District

308 W. Jefferson Avenue, St. Maries, ID. 83861
St. Maries - O'Gara - Harrison
Telephone: (208) 245-5253 - Fax: (208) 245-2328

"An Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete legibly. Your application may be disqualified if incomplete or submitted past the closing date. If space is insufficient for a complete answer, use a blank paper. Questions that do not apply to you should be marked "N/A" to acknowledge its inapplicability. If hired this application will be part of your permanent personnel file.

Position Applying For: _____ Volunteer _____ Career _____ Other _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Mobile Number: _____

Email Address: _____

Date available for employment: _____ Salary Requirements: _____

Have you ever worked under a different name? Yes _____ No _____

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

Do you have a valid driver license? Yes _____ No _____ State Issued: _____

Driver's License No.: _____ Endorsements: _____

Has your driver license ever been revoked? Yes _____ No _____ If yes, explain: _____

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

Service Date(s): _____ Branch: _____

Have you ever been convicted or pleaded no contest to a felony? Yes _____ No _____

If yes, please explain: _____

EDUCATION / VOCATIONAL

High School: _____ City: _____ State: _____

Graduated: Yes _____ No _____ or did you receive a GED: Yes _____ No _____

College or University: _____ City: _____ State: _____

Major/Degree: _____ Graduated? Yes _____ No _____

College or University: _____ City: _____ State: _____

Major/Degree: _____ Graduated? Yes _____ No _____

Vocational: _____ City: _____ State: _____

TRAINING / CERTIFICATION

IFSTA Firefighter Training or equivalent: Yes _____ No _____ Levels: _____

IFSTA Fire Investigator Training or equivalent: Yes _____ No _____ Levels: _____

ICC Fire Inspector Training or equivalent: Yes _____ No _____ Levels: _____

Fire Officer Training or equivalent: Yes _____ No _____ Levels: _____

Wildland Fire IC Training or equivalent: Yes _____ No _____ Levels: _____

HAZMAT Operation Training: Yes _____ No _____ Levels: _____

NIMS/ICS Training: Yes _____ No _____ Levels: _____

Certified Emergency Medical Technician: Yes _____ No _____ State: _____

Certified NREMT: Yes _____ No _____ State: _____

Certified Fire Instructor: Yes _____ No _____ State: _____

Certified EMS Instructor: Yes _____ No _____ State: _____

Working Knowledge of the 2015 International Fire Code: Yes _____ No _____

Working Knowledge of the Idaho Administrative Rules (IDAPA): Yes _____ No _____

Working Knowledge of the National Fire Protection Association Standards: Yes _____ No _____

EMPLOYMENT HISTORY

List names of employers in consecutive order with present employer listed first. Account for all periods of time, including military service and any periods of unemployment.

Name of Employer: _____ Employed from: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone No.: _____

Job Title: _____ Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Employed from: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone No.: _____

Job Title: _____ Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Employed from: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Phone No.: _____

Job Title: _____ Duties: _____

Reason for Leaving: _____

REFERENCES

Give three references not related to you whom you have known for at least one year.

Name: _____ Phone No : _____

Address: _____ City: _____ State: _____

Zip: _____ Relationship: _____

Name: _____ Phone No : _____

Address: _____ City: _____ State: _____

Zip: _____ Relationship: _____

Name: _____ Phone No : _____

Address: _____ City: _____ State: _____

Zip: _____ Relationship: _____

CERTIFICATION & SIGNATURE

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I also authorize the St. Maries Fire Protection District to obtain a background investigation report and drug screening. I hereby waive my rights and claims or damages against any employer, police agency, its officers, agents, and employees regarding this exchange of information concerning my past history and employment. I understand that the State of Idaho is a “work at will” state, and at-will employees of the SMFPD, shall serve at the discretion of the Board of Commissioners.

Signature

Date

For Office Use Only:

Date Received: _____ **Received by:** _____