

Northern Lakes Fire Protection District

### 125 W. Hayden Ave., Hayden, ID 83835

Phone: (208) 772-5711

Fax: (208) 772-3044

[**www.northernlakesfire.com**](http://www.northernlakesfire.com)

## APPLICATION FOR LATERAL

## FIREFIGHTER/PARAMEDIC

**For Office Use - Application Received Date:**

**For Office Use - Application Received by:**

#### *PERSONAL HISTORY*

Last Name: Click here to enter text. First: Click here to enter text. Middle: Click here to enter text.

Present Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Phone: Home: Click here to enter text. Cell: Click here to enter text.

**Email Address:** Click here to enter text.

***Valid email address is required to be contacted if selected to continue in process***

Have you ever worked under a different name from name on this application? Yes  No

If yes, list the different name (s): Click here to enter text.

Do you have a valid drivers license? Yes  No  State Click here to enter text.

Driver’s License No. Click here to enter text.

#### *VETERAN INFORMATION*

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

When: Branch: Click here to enter text.

Are you presently a member of a U.S. Reserve or National Guard Organization: Yes  No

If yes, complete present grade and Service: Click here to enter text.

#### *PERSONAL AND PROFESSIONAL REFERENCES*

# **Professional:** *(from last three positions)*

# Name: Click here to enter text. Title: Click here to enter text. Ph: Click here to enter text. Email: Click here to enter text.

# Name: Click here to enter text. Title: Click here to enter text. Ph: Click here to enter text. Email: Click here to enter text.

# Name: Click here to enter text. Title: Click here to enter text. Ph: Click here to enter text. Email: Click here to enter text.

# **Personal:**

# Name: Click here to enter text. Relationship: Click here to enter text. Ph: Click here to enter text. Email: Click here to enter text.

# Name: Click here to enter text. Relationship: Click here to enter text. Ph: Click here to enter text. Email: Click here to enter text.

#### *EDUCATION*

# High School Graduated from: Enter text. Year: Enter text.

Address/Phone Number: Click here to enter text. Click here to enter text. Click here to enter text.

*(Address) (City, State, Zip) (Phone #)*

# GED Test Passed: Where: Click here to enter text. Year: Click here to enter text.

*List all colleges, universities and other relevant education:*

# Institution: Enter text. Location: Enter text. Did you graduate? Yes No

# Degree & Year: Click here to enter text. or Major/Subject: Click here to enter text.

# 

# Institution: Click here to enter text. Location: Click here to enter text. Did you graduate? Yes No

# Degree & Year: Click here to enter text. or Major/Subject: Click here to enter text.

# 

# Institution: Click here to enter text. Location: Click here to enter text. Did you graduate? Yes No

# Degree & Year: Click here to enter text. or Major/Subject: Click here to enter text.

Other Education and Training: Click here to enter text.

#### *WORK HISTORY* (Most recent first - Include voluntary work and military experience)

Employer: Click here to enter text. City, State: Click here to enter text.

Position: Click here to enter text. Dates Employed: From: Click here to enter a date. To: Click here to enter a date.

Hours Worked Per Week: Click here to enter text. Hourly Pay Rate: Click here to enter text.

Reason for Leaving: Click here to enter text. May we contact this employer? Yes  No

Employer: Click here to enter text. City, State: Click here to enter text.

Position: Click here to enter text. Dates Employed: From: Click here to enter a date. To: Click here to enter a date.

Hours Worked Per Week: Click here to enter text. Hourly Pay Rate: Click here to enter text.

Reason for Leaving: Click here to enter text. May we contact this employer? Yes  No

Employer: Click here to enter text. City, State: Click here to enter text.

Position: Click here to enter text. Dates Employed: From: Click here to enter a date. To: Click here to enter a date.

Hours Worked Per Week: Click here to enter text. Hourly Pay Rate: Click here to enter text.

Reason for Leaving: Click here to enter text. May we contact this employer? Yes  No

Employer: Click here to enter text. City, State: Click here to enter text.

Position: Click here to enter text. Dates Employed: From: Click here to enter a date. To: Click here to enter a date.

Hours Worked Per Week: Click here to enter text. Hourly Pay Rate: Click here to enter text.

Reason for Leaving: Click here to enter text. May we contact this employer? Yes  No

***INVOLUNTARY EMPLOYMENT SEPARATIONS***

*Involuntary separations are not unexpected in public sector employment and do not constitute an automatic bar to employment.*

Please list any employment terminations, involuntary separations or negotiated resignations:

**Employer:** Click here to enter text. **Position:** Click here to enter text. **End Date:** Click here to enter a date.

Comments regarding circumstances: Click here to enter text.

Please list any employment terminations, involuntary separations or negotiated resignations:

**Employer:** Click here to enter text. **Position:** Click here to enter text. **End Date:** Click here to enter a date.

Comments regarding circumstances: Click here to enter text.

#### *CRIMINAL HISTORY/LAWSUITS*

*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position applied for*

Have you ever been convicted of or pled guilty to a criminal offense and/or serious traffic (DUI, etc.) offense? Yes  No  If yes, please describe (date, offense, circumstances): Click here to enter text.

*Please read and initial each paragraph below*

*(If you do not understand any part of this page, please ask before signing)*

I do hereby authorize the Northern Lakes Fire Protection District (hereinafter NLFPD) to thoroughly investigate my character references, work records, education, 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 NLFPD 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 NLFPD, 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. Initial Here

I understand that while not required at time of testing, proof of the following certifications are required to be considered for employment as a Career Firefighter/Paramedic: 1) Minimum Firefighter I Certificate or IFSAC Equivalent; 2) Minimum of NREMT Paramedic and able to obtain State of Idaho Paramedic certification within 90 days of hire; and, 3) Hazardous Materials Awareness Certificate or IFSAC Equivalent Initial Here

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 NLFPD and me. Initial Here

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. Initial Here

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 and understand that I may be required to provide a copy of my official driving record. I also understand that any offer of employment is contingent on my ability to be covered by NLFPD auto insurance, if required for my position. Initial Here

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. Initial Here

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Sign Here – Electronic Signature Click here to enter a date.

Applicant’s Signature Date Signed

Printed Name: Click here to enter text.

*RECRUITMENT*

*In order to improve the District’s recruitment process for future job openings, please complete the following:*

How did you hear about this position:

Internet Ad  Newspaper Ad  Word of Mouth  Referral  Other

Specific name of source: Click here to enter text.