



Central Fire District

PO Box 217, Rigby ID 83442
Office: (208) 745-6003
Fax: (208) 745-6310

APPLICATION

Name: _____ Sex: _____ Date of Birth _____

Height: _____ Weight: _____

Social Security Number: _____

Phone: (home) _____ (work) _____

Cell phone: _____

Home Address: _____

Mailing Address (if different) _____

Do you rent or Own: _____

Previous Address: _____

How Long at this address: _____

Place of Employment: _____

How long have you been employed with current employer: _____

Will your employer allow you to leave work to respond to Emergency calls?

Yes ___ No ___ -

Previous Employer _____ Date: _____

Reason for leaving:

Previous Employer _____ Date: _____

Reason for leaving:

Briefly describe you work schedule:

What position are applying for: (mark all that apply)

Fire fighter () Day () Night ()

EMT () Day () Night ()

Marital Status: _____ Ages of dependents living at home: _____

Do you have any health conditions such as respiratory, heart or back problems that may restrict strenuous activity? Yes () No ()

If yes, please describe, also list what can be done to accommodate your limitations.

Have you ever applied for a position with Jefferson Central Fire District before? _____

Highest level of education you have completed: _____

Do you have a valid Idaho driver's license: Yes () No ()

Driver's license number: State: _____ Number: _____

Have you ever had your driving privileges suspended? Yes () No ()

Have you ever been convicted of a felony? Yes () No ()

Do we have your permission to check your driving and criminal history records?

Yes () No ()

Please describe any previous experience you have that directly relates to the position (s) you are applying for.

Personal References:

1. _____ Years acquainted _____

2. _____ Years acquainted _____

3. _____ Years acquainted _____

Who should we contact in case of an emergency?

Name: _____

Relationship to applicant _____

Is the above information complete and accurate to the best of your knowledge?

Signature of applicant:

_____ Date:

Do not write below this line

Interview date: _____

Action taken:

Accepted:

Rejected:

Interviewed by:

Date: _____

Comments: _____

Position: _____

Date reporting for duty: _____

Signed: _____

District Chief

Battalion Chief