



## Central Fire District

P.O. Box 217, Rigby, Idaho 83442

Office: (208) 745-6003

Fax: (208) 745-6310

### APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you rent or own your home? Rent      Own

How long have you been living at this address? \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ages of dependents living in your home: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Do you have a valid Idaho Drivers License? Yes      No

Drivers License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Have you ever had your driving privileges suspended? Yes      No

Have you ever been convicted of a felony? Yes      No

Do you authorize the Central Fire District to check your driving and criminal history? Yes      No

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you been with this employer? \_\_\_\_\_

Will your employer allow you to leave work to respond to Emergency calls? Yes      No

Briefly describe your work schedule: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment (from/to): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment (from/to): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

What positions are you applying for? (please select all that apply)

- Firefighter      Day shift      Night shift
- Emergency Medical Technician      Day shift      Night shift

Please describe any skills, experience, or certifications you have the directly relate to the position(s) you are applying for: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any professional certifications suspended or revoked?    Yes      No

If you answered "yes" to the above questions, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

Personal References:

1. Name: \_\_\_\_\_ Years acquainted: \_\_\_\_\_
2. Name: \_\_\_\_\_ Years acquainted: \_\_\_\_\_
3. Name: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Please print this application, sign the certification below, and deliver the application to  
697 Annis Highway, Rigby Idaho 83442**

I certify that the information provided in this application is complete and accurate to the best of my knowledge: \_\_\_\_\_

Applicant Signature

Date

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Central Fire District Administrative Page

Interview Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Accepted:      Rejected:

Comments: \_\_\_\_\_

Position Assigned: \_\_\_\_\_ Station Assigned: \_\_\_\_\_

Report date for duty: \_\_\_\_\_

Battalion Chief Signature: \_\_\_\_\_

District Chief Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

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