



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: _____

Request to run with Station #: _____ FIRE EMS BOTH

Referred By: _____ Phone: _____

**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

<< Do not write on this page >>

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: _____
