



# Timberlake Fire Protection District

P.O. Box 810 • 5985 E. Highway 54 • Athol, ID 83801

Telephone: 208-683-3333 • Fax: 208-683-6001

chief@timberlakefire.com • www.timberlakefire.org

## APPLICATION FOR EMPLOYMENT

Must be 18 years of age to apply

Position Applying For: \_\_\_\_\_ Volunteer \_\_\_\_\_ Career \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
(Title of Position)

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

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

Present Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

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

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

Have you ever worked under a different name from that which appears on this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the different name (s): \_\_\_\_\_

### PERSONAL HISTORY

Do you have a valid drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Endorsement: \_\_\_\_\_

Have you ever applied to the District before? Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_

If hired, can you prove that you may legally work without restrictions in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

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

When: \_\_\_\_\_ Branch: \_\_\_\_\_

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

If yes, complete present grade and Service: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ or did you receive a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_ Credits: \_\_\_\_\_

Did you obtain a college degree or vocational certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of degree or certificate: \_\_\_\_\_

What discipline was your degree or certificate in? \_\_\_\_\_

Which college or university did you obtain your degree or certificate from? \_\_\_\_\_

\*Please **LIST AND ATTACH A COPY** of any professional or vocational licenses and/or certifications, which you have obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special qualifications or skills, which you possess: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you available to do 24-hour shift work? Yes \_\_\_\_\_ No \_\_\_\_\_

**WORK HISTORY**

**Present or Most Recent Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**PAST THREE EMPLOYERS**

**Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

**Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

**Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

**REFERENCES**

Give the information requested below on three (3) persons not related to you whom you have known for at least one (1) year:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

Have you ever applied for a position of employment or volunteer service with any other fire protection agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list name, location and dates you applied: \_\_\_\_\_

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If you are offered a position with the District, would you be willing to submit to any job related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you read the essential functions for the position to which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of the position to which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require reasonable accommodations to perform the essential functions for the position to which you have applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list: \_\_\_\_\_

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Shift preferred (if applicable): \_\_\_\_\_

Are you willing to work: Part time \_\_\_\_\_ Full time \_\_\_\_\_ Overtime \_\_\_\_\_

*(Check all that apply)*

**PLEASE READ AND INITIAL EACH PARAGRAPH BELOW**

(if there is any part of this page you do not understand please ask the employer about it before signing)

I do hereby authorize the Timberlake Fire Protection District (hereinafter TLFPD) 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 TLFPD 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 TLFPD, 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. \_\_\_\_\_

If applicable, I understand that the following five documents **must be attached to the front of my application packet in order to be eligible to continue in the Firefighter Testing process**: Legible copies of the following: a valid Driver's License; high school diploma or GED; Firefighter I or equivalent certificate; Haz Mat Awareness certificate; and NREMT-B card. \_\_\_\_\_

I understand that if offered employment, the offer may be contingent on my passing a pre-employment drug screen and a pre-employment NFPA medical physical exam. By signing this application, I voluntarily agree to submit a pre-employment drug screen and pre-employment NFPA medical physical exam upon request. I understand that failure to pass the drug screen and/or NFPA medical physical exam will result in withdrawal of the employment offer. \_\_\_\_\_

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 TLFPD and me. In addition, I understand and agree that if I am employed, my employment relationship with TLFPD is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and I may terminate it at any time, with or without prior notice, with or without cause or reason. Likewise, TLFPD has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason during my probationary period, at the discretion of TLFPD. In the event that some or all employees become subject to a collective bargaining agreement (CBA) that is duly executed between the employees' representative and TLFPD, the procedures set forth in the CBA with regard to employee discipline and termination procedures will be followed. \_\_\_\_\_

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or TLFPD benefits, policies and procedures will not alter any employment and arbitration agreements. \_\_\_\_\_

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. \_\_\_\_\_

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 will 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 TLFPD auto insurance, if required for my position. \_\_\_\_\_

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. \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please indicate specific position(s) applying for:**  
(Check all that apply)

- Suppression/Rescue       EMS/Paramedic  
 Non-Suppression

FOR OFFICE USE ONLY

Application Received On: \_\_\_\_\_ Received By: \_\_\_\_\_

Applicant has met minimum requirements: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Background Check Completed On: \_\_\_\_\_ Satisfactory: \_\_\_ Yes \_\_\_\_\_ No

Status Letter sent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date sent: \_\_\_\_\_

Interview Scheduled for: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_



**IDAHO STATE POLICE  
BUREAU OF CRIMINAL IDENTIFICATION**



**NAME BASED CRIMINAL BACKGROUND CHECK FORM  
of the Idaho Central Repository of Criminal History Records**

A separate form must be used for each request. Do not use staples on the forms. **A \$20 processing fee must be included.** Make checks or money orders payable to the Idaho State Police. **We do not accept personal checks from the applicant when a company or agency is the requesting party.**  
Please print clearly in blue or black ink only. A \$20.00 fee will be charged for any returned checks.

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name		First Name		Middle Name
Alias Names (Include Maiden/prior Married Names)	Date of Birth (mm/dd/yy)	Sex	Race	Social Security Number (optional)
Address _____ City _____ State _____ Zip _____				
WAIVER				
Idaho law does <b>not</b> require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, <b>without</b> a disposition, cannot be given to a non-criminal justice agency.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
Signature _____			Date _____	
This signature on the waiver must be within 180 days of the name check submission.				

**TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION**

Requesting Person or Company		Address of Requester (Results will be mailed to this address)		
Printed Name of Requester (Print Legibly)		Signature of Requester		Phone Number of Requester

**Results of Non-Certified Record Search**

Record Attached <input type="checkbox"/>	No Record Found <input type="checkbox"/>	BCI Initials	Date
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**General Information:**

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency.

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

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