

# East Side Fire District



## EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

<b>Position you are applying for:</b>							
Referred to ESFD By				Date Available		Salary Requirements	
Last Name				First Name		Middle Initial	
Mailing Address				City		State	Zip
Cell Telephone No.		Home Telephone No.		Business Phone No.		E-Mail Address	
If applying for a position which requires driving a ESFD vehicle, please provide the following information:		I have a valid driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License #		State Issued	Expiration Date
Are you at least 18 Years Old?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming Veteran's Preference? (Attach a copy of DD214 and proof of service connected disability)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits).							<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Nature of Offense</u>		<u>Name &amp; Location of Court</u>		<u>Date of Conviction</u>		(Inaccurate information here will result in disqualification.)	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name(s)</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.							<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>References</b>						For Office Use Only: Date and Time Received     Received by: [                      ]	
<b>Name</b>		<b>Telephone Number</b>		<b>Relationship *(No Relatives)</b>			
<b>Emergency Contact:</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span><u>Name</u></span> <span><u>Relationship</u></span> <span><u>Phone</u></span> </div>							

EDUCATION, TRAINING, AND CERTIFICATIONS	
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Elementary and High School Education	
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<p>Highest Grade Completed (choose one)</p> <p><input type="checkbox"/>1   <input type="checkbox"/>2   <input type="checkbox"/>3   <input type="checkbox"/>4   <input type="checkbox"/>5   <input type="checkbox"/>6</p> <p><input type="checkbox"/>7   <input type="checkbox"/>8   <input type="checkbox"/>9   <input type="checkbox"/>10   <input type="checkbox"/>11   <input type="checkbox"/>12</p>	<p><b>Do you have a:</b></p> <p>High School diploma   <input type="checkbox"/> YES                      <input type="checkbox"/> NO or</p> <p>GED                                      <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>	<p>Name and Location of Last School Attended <b>(High School, Junior High or Elementary)</b></p> <p>Name:</p> <p>Location:</p>
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**Related Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, etc.-provide documentation with application)**

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates <b>Received</b>
	From	To			

Colleges and Universities Attended (Undergraduate & Graduate)	
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Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Degree <b>Earned</b> (e.g. BA/BS) List <b>IF</b> completed	Major	Minor
	From	To	Semester hrs	<b>OR</b> Quarter hrs			

Major <u>Undergraduate</u> College Subjects	Credit Hours		Major <u>Graduate</u> College Subjects	Credit Hours	
	Semester hrs	OR Quarter hrs		Semester hrs	OR Quarter hrs

<b>Related Professional Licenses and Certifications</b> <i>(provide documentation with application)</i>									
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License/Certification Issued By	Field/Trade Specialization	License or Certification Number	Issue Date	Expiration Date

[illegible]

## EMPLOYMENT HISTORY

May we contact your present employer? YES ☐ NO ☐ Comment:

1

Starting Date  
month / day / year

Ending Date  
month / day / year

Employer/Company Name and address (city and state are required)

☐ Paid Work ☐ Volunteer

Hours per Week

Name & Title of Immediate Supervisor

Telephone Number

Title of Position Held

Reason for Leaving

**Describe job duties & include details such as: people or project supervision, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)**

2

Starting Date  
month / day / year

Ending Date  
month / day / year

Employer/Company Name and address (city and state are required)

☐ Paid Work ☐ Volunteer

Hours per Week

Name & Title of Immediate Supervisor

Telephone Number

Title of Position Held

Reason for Leaving

**Describe job duties & include details such as: people or project supervision, languages programmed, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)**

3

Starting Date  
month / day / year

Ending Date  
month / day / year

Employer/Company Name and address (city and state are required)

☐ Paid Work ☐ Volunteer

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4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
	Title of Position Held		Reason for Leaving	
	<b>Describe job duties &amp; include details such as:</b> people or project supervision, languages programmed, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)			
5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
	Title of Position Held		Reason for Leaving	
	<b>Describe job duties &amp; include details such as:</b> people or project supervision, languages programmed, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)			
6	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
	Title of Position Held		Reason for Leaving	
	<b>Describe job duties &amp; include details such as:</b> people or project supervision, languages programmed, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)			

## CONDITIONS OF EMPLOYMENT STATEMENT

I understand and agree that any misrepresentation made in this application is grounds for termination.

I hereby authorize East Side Fire District to solicit all information which it may need in connection with this application and to request each person referred to in this application (except as restricted above) to provide all such information to East Side Fire District. I hereby release all such employers, firms and persons from any liability or damage whatsoever resulting from their providing such information to East Side Fire District. East Side Fire District is hereby authorized to circulate my application and any other information which it obtains from the employers, firms or persons referred to in this application to all legally constituted governmental or regulatory authorities. Also, I grant East Side Fire District the authority to allow legally constituted authorities to review all pertinent parts of my personnel file.

I also understand and agree that any employment of me by East Side Fire District is terminable at will by either East Side Fire District or me, with or without notice and with or without cause. Any changes to this agreement will not be valid unless in writing signed by me and a duly authorized representative of East Side Fire District.

I certify that, to the best of my knowledge and belief, all statements I have made in this application are true and correct.

**By my signature, I certify, authorize and acknowledge the above statements.**

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Signature

Date

**Please email, mail or fax application to:**

**East Side Fire District  
20338 S Highway 97  
Harrison, ID 83833  
Main Phone 208-769-4269  
Fax Number 208-930-4259  
[eastsidefire.lakecda@gmail.com](mailto:eastsidefire.lakecda@gmail.com)**

Revised 8/22/19