



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Position you are applying for:					
Referred To KCFR By:					
Last Name		First Name		Middle Initial	
Mailing Address		City		State	Zip
Cell Telephone No.	Home Telephone No.	E-Mail Address:			
If applying for a position which requires driving a KCFR 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, providing Honorable Discharge status)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a Felony? If yes, please explain below.					<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/> <hr/>					
Have you ever been employed or volunteered with any other Fire Agency?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the position, agency name & location and dates: _____					
If you are offered a position with KCFR, would you be willing to submit to any job-related medical exams, physical ability testing and/or drug testing that may be required of the position to which you have applied?					<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, are you able to perform the essential functions of the position to which you have applied with or without reasonable accommodations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work 48-Hour Shifts?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your educational or employment records found under a different last name? If yes, please give the last name.					<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
References				For Office Use Only: Date and Time Received	
Name	Telephone Number	Relationship *(No Relatives)			
Emergency Contact:					

EDUCATION, TRAINING, AND CERTIFICATIONS

Elementary and High School Education

Highest Grade Completed (choose one)

- ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Do you have a:

High School diploma ☐ YES ☐ NO or
GED ☐ YES ☐ NO

Related Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, etc.)

Names and Locations of School	Dates Attended (Mo & Yr.)		Courses/Subjects Completed	Diplomas/Certificates Received
	From	To		

Colleges and Universities Attended

Names and Locations of School	Dates Attended (Mo & Yr.)		Area of Study	Type of degree earned. or number of credits received
	From	To		

Check all certificates you currently hold:

CERTIFICATES	Yes	No	Issuing Agency
FFI	<input type="checkbox"/>	<input type="checkbox"/>	
FFII	<input type="checkbox"/>	<input type="checkbox"/>	
EMT-B	<input type="checkbox"/>	<input type="checkbox"/>	
EMT-A	<input type="checkbox"/>	<input type="checkbox"/>	
EMT-P	<input type="checkbox"/>	<input type="checkbox"/>	
CCT-P	<input type="checkbox"/>	<input type="checkbox"/>	

Other Related Professional Licenses and Certifications

License/Certification Issued By	Field/Trade Specialization	License or Certification Number	Issue Date	Expiration Date

Knowledge, Skills, and Abilities

List any additional Knowledge, Skills, or Abilities that you believe would help you be successful in the position for which you are applying

Languages spoken or written
FLUENTLY.

EMPLOYMENT HISTORY

PRESENT EMPLOYER

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)	
<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	

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)	
<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	

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)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
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CONDITIONS OF EMPLOYMENT STATEMENT

If hired, I authorize Kootenai County Fire & Rescue to verify my present and past employment and education.

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

I hereby authorize Kootenai County Fire & Rescue 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 Kootenai County Fire & Rescue. I hereby release all such employers, firms and persons from any liability or damage whatsoever resulting from their providing such information to Kootenai County Fire & Rescue. Kootenai County Fire & Rescue 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 Kootenai County Fire & Rescue 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 Kootenai County Fire & Rescue is terminable at will by either Kootenai County Fire & Rescue 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 Kootenai County Fire & Rescue.

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