



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 MEMBERSHIP

Must be at least 18 years of age to apply.

DATE: _____

Are you applying for: Volunteer Position Career Position

Other Please state other _____

1.) Last Name _____ First _____ Middle _____

2.) List any other names that you have ever used to identify yourself:

Social Security Number: _____

Driver's License #: _____ State Issued: _____

Please provide a copy of your license.

3.) Present Resident Address: (Street #, City, State and Zip Code):

Mailing address if different from above _____

Please List all other residences that you have resided in the last five (5) years and the dates that you lived there:

ADDRESS

DATE

4.) Business Address: (Street #, City, State and Zip Code):

5.) Residence Phone _____ Business Phone _____
Cell Phone _____ Message Phone _____

6.) If hired, can you prove that you may legally work without restriction in the United States? Yes _____ No _____

7.) 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:

8.) Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain:

Please list any traffic violations for which you have paid a fine of \$150.00 or more. Please include dates, places and nature of the violation.

9.) Education: List all high schools attended:

<u>High School</u>	<u>Location</u>	<u>Dates</u>	<u>Years Completed</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you graduate? Yes _____ No _____ GED _____ Date Received _____

College of University Location Dates Years Completed

Did you obtain a college degree or vocational certificate? Yes _____ No _____

Date Received _____ Type of degree or certificate _____

What discipline was your degree or certificate in? _____

Which college or university did you obtain your degree or certificate?

10.) Please list any professional or vocational licenses and/or certifications, which you have obtained: _____

11.) Please list any special qualifications or skills which you possess: _____

12.) **EMPLOYMENT:** Begin with your most recent job and list your work history for the past ten (10) years, including temporary, part-time, and/or seasonal:

(a.) Employer Name, Address, & Phone Number _____

Dates Employed: To: _____ From: _____ Job Title _____

Duties Performed: _____

Name and Title of your immediate supervisor: _____

Reason for Leaving: _____

(b.) Employer Name, Address, & Phone Number

Dates Employed: To: _____ From: _____ Job Title _____

Duties Performed: _____

Name and Title of your immediate supervisor: _____

Reason for Leaving: _____

(c.) Employer Name, Address, & Phone Number

Dates Employed: To: _____ From: _____ Job Title _____

Duties Performed: _____

Name and Title of your immediate supervisor: _____

Reason for Leaving: _____

(d.) Employer Name, Address, & Phone Number

Dates Employed: To: _____ From: _____ Job Title _____

Duties Performed: _____

Name and Title of your immediate supervisor: _____

Reason for Leaving: _____

(e.) Employer Name, Address, & Phone Number

Dates Employed: To: _____ From: _____ Job Title _____

Duties Performed: _____

Name and Title of your immediate supervisor: _____

Reason for Leaving: _____

13.) REFERENCES: List four (4) character references, whom you have known for at least two (2) years, and who have personal knowledge of your character and fitness for the position for which you are applying. DO NOT include relatives or persons living outside the Continental U.S.

NAME ADDRESS PHONE NO.

14.) 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: _____

15.) Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes ___ No ___

If you are hired, can you perform these essential functions with or without reasonable accommodations?

Yes _____ No _____

Are there any hours, shifts, or days you cannot or will not work? _____

Shift preferred _____ Part-time _____ Full-Time _____

Are you willing to work overtime as required? Yes _____ No _____

I certify that there are no intentional misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief. I understand that if any of the responses provided in this application obtain any intentional misrepresentations, I may be automatically rejected for the position for which I am applying, or if I am hired and the district subsequently discovers misrepresentations in this application, the district may require additional information from me and/or terminate my position of employment. I authorize the district to make an investigation of any of the facts set forth in this application.

I understand that employment at the Timberlake Fire Protection District is "AT WILL" which means that either I or the district can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that not promise of continued employment shall be binding unless it is in the form of a written contract signed by the Timberlake Fire Protection District Board of Commissioners.

Signature of Applicant: _____ Date: _____

Please indicate the type of service you wish to provide to the district, circle all that apply:

<u>Suppression</u>	<u>EMS</u>	<u>Non Suppression</u>
Structure suppression	Driver	Fire ground support
Driver/Operator	1 st Responder	Data Entry
Wildland suppression	EMT	Public Education
Tec. Rescue	EMT-A	Inspections
Extraction	CPR/1 ST AID	Maintenance
HAZ-MAT	Instructor	Fire Aux.
Boat operator		Investigations
Instructor		Instructor

(For office use only)

Date Received _____ Background Check (sat./unsat.)
Received By _____ Status Letter sent: yes no Date sent: _____

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 the fire district (s) 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. _____

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

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that TLFPD may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment. _____

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, 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 our at-will 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. _____

Position Applying For (please check box below):

Applicants Printed Name

Career Staff

Volunteer Staff

Applicant's Signature

Date