



Rock Creek Rural Fire Protection District  
 1559 Main St. North  
 Kimberly, ID 83341  
 PH (208) 423-4336 FAX (208)423-9727



# APPLICATION

**PERSONAL INFORMATION (PLEASE PRINT)**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME (FIRST, MIDDLE, LAST)

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STREET ADDRESS

CITY

STATE

ZIP

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PHONE NUMBER

ALTERNATE NUMBER

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**POSITION APPLYING FOR:**

\_\_\_\_\_  
 \*POSITION

CERTAIN POSITIONS REQUIRE WORKING WEEKDAYS, WEEKENDS, EVENINGS, AND HOLIDAYS.  
 IS THIS ACCEPTABLE?    \_\_\_\_ YES    \_\_\_\_ NO

DO YOU HAVE A VALID DRIVERS LICENSE?    \_\_\_\_ YES    \_\_\_\_ NO

DATE AVAILABLE TO START:    \_\_\_\_/\_\_\_\_/\_\_\_\_

# Rock Creek Rural Fire Protection District

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## **ELIGIBILITY/HISTORY**

ARE YOU AT LEAST 18 YEARS OF AGE?                     YES                     NO

HAVE YOU EVER WORKED FOR THE FIRE DISTRICT?                     YES                     NO

IF YES, WHEN?

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HAVE YOU EVER BEEN CONVICTED OF ANY FELONIES?                     YES                     NO

IF YES, PLEASE EXPLAIN.

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ARE YOU PHYSICALLY ABLE TO PERFORM THE DUTIES AND FUNCTIONS OF THIS POSITION? (Applicants are expected to review attached job description for explanation of duties and functions)

YES                     NO

## **EDUCATION – HIGH SCHOOL**

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NAME	LOCATION
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LAST YEAR COMPLETED    9    10    11    12                    GRADUATED?    YES    NO

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## **EDUCATION – COLLEGE OR UNIVERSITY**

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NAME	LOCATION
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LAST YEAR COMPLETED \_\_\_\_1 \_\_\_\_2 \_\_\_\_3 \_\_\_\_4      GRADUATED? \_\_\_\_ YES \_\_\_\_ NO

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DEGREE/MAJOR

## **EDUCATION – GRADUATE SCHOOL**

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NAME	LOCATION
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GRADUATED? \_\_\_\_ YES \_\_\_\_ NO      DEGREE/MAJOR

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## **EMPLOYMENT RECORD - CURRENT**

PLEASE LIST YOUR LAST 3 EMPLOYERS STARTING WITH THE

MOST CURRENT

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COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP
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JOB TITLE	JOB PERFORMED	REASON FOR LEAVING
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DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER?      \_\_\_\_ YES \_\_\_\_ NO

# Rock Creek Rural Fire Protection District

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## EMPLOYMENT RECORD - SECOND

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COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP
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JOB TITLE	JOB PERFORMED	REASON FOR LEAVING
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DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

## EMPLOYMENT RECORD - THIRD

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COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP
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JOB TITLE	JOB PERFORMED	REASON FOR LEAVING
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DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO



# Rock Creek Rural Fire Protection District

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## **IMPORTANT INFORMATION- PLEASE READ CAREFULLY**

### **CERTIFICATION AND RELEASE OF INFORMATION**

I AUTHORIZE THE ROCK CREEK RURAL FIRE PROTECTION DISTRICT, OR ITS DULY ACCREDITED REPRESENTATIVE, TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM INDIVIDUALS, SCHOOLS, RESIDENTIAL MANAGEMENT AGENCIES, EMPLOYERS, CRIMINAL JUSTICE AGENCIES, FINANCIAL OR LENDING INSTITUTIONS, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, OR RETAIL BUSINESS ESTABLISHMENTS. THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, MY ACADEMIC, RESIDENTIAL, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY, CRIMINAL HISTORY RECORD, CONVICTION, FINANCIAL AND CREDIT INFORMATION, AS EACH MAY PERTAIN TO THE JOB I HAVE APPLIED FOR.

I AUTHORIZE THE ROCK CREEK RURAL FIRE PROTECTION DISTRICT TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE DULY ACCREDITED REPRESENTATIVE OF THE ROCK CREEK RURAL FIRE PROTECTION DISTRICT REGARDLESS OF ANY AGREEMENT THAT I HAVE MADE WITH YOU PREVIOUSLY TO THE CONTRARY. I HAVE BEEN ADVISED THAT THE ORIGINAL OF THIS AUTHORIZATION WILL BE PLACED ON FILE WITH THE ROCK CREEK RURAL FIRE PROTECTION DISTRICT. **A COPY OF THIS RELEASE SHALL HAVE THE SAME EFFECT AS THE ORIGINAL, SIGNED DOCUMENT.**

MY SIGNATURE RELEASES ALL OF THE ABOVE, INCLUDING THE ROCK CREEK RURAL FIRE PROTECTION DISTRICT, IT'S AGENTS AND THE FORMER EMPLOYERS, TO THE FULLEST EXTENT PERMITTED BY LAW FROM CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES, INCLUDING BUT NOT LIMITED TO, ATTORNEY FEES AND COURT COSTS ARISING FROM THE RETRIEVING AND THE REPORTING OF SUCH INFORMATION.

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN MY NOT GETTING HIRED, OR DISCHARGED IF I AM HIRED. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES, POLICIES AND PROCEDURES OF THE ROCK CREEK RUAL FIRE PROTECTION DISTRICT.

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PRINTED NAME OF APPLICANT

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APPLICANTS SIGNITURE

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DATE

**EEO/AFFIRMATIVE ACTION BACKGROUND FORM**

# Rock Creek Rural Fire Protection District

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It is the policy of the Rock Creek Rural Fire Protection District to provide equal employment opportunity to all qualified applicants for employment without regard to personal characteristics, including race, color, religion, national origin, sex, sexual orientation, age, veteran status, or disability. Various agencies of the government require employers to invite applicants to identify themselves. That is the only goal of this form. Completing this form is voluntary and in no way affects the decision regarding your application for employment. This form is **confidential** and we will maintain it separately from your application form.

Name: Last:

First:

Middle:

Date:

Position applied for (list only one):

Referred by:

Race/ethnic origin:

Sex:

- White
- Hispanic
- American Indian/Alaskan Native
- Black/African-American
- Asian
- Native Hawaiian/Pacific Islander

- Male
- Female

*Are you a Vietnam Era Veteran?*

You qualify if you are a person who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released therefore with other than a dishonorable discharge or for a service connected disability.

Yes  No

*Are you a disabled veteran?*

You qualify if you are entitled to disability compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30% or more, or are a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. (If yes, include copy of DD295)

Yes  No