

Date of Application: _____

Donnelly Rural Fire Protection District
P.O. Box 1178
Donnelly, Idaho 83615
208-325-8619



Firefighter Application

_____ Name (Last, First, MI)

_____ Mailing Address _____ City _____ State _____ Zip

_____ Physical Address _____ City _____ State _____ Zip

_____ Phone _____ Circle one: (Cell / Home / Work)

_____ Email Address _____ / _____ / _____
DOB

_____ Emergency Contact Person _____ Relation _____ Phone Number

_____ Driver's License Number _____ State of Issue
License ever suspended? ___ Yes ___ No If yes, please explain: _____

Education

| | | | |
|------------------------|-------------------|--------------|--|
| High School: | | City, State: | |
| Years Completed: | Did you graduate? | | |
| | | | |
| College: | | City, State: | |
| Years Completed: | Did you Graduate? | Degree: | |
| | | | |
| Technical School: | | City, State: | |
| Years Completed: | Did you Graduate? | Degree: | |
| | | | |
| Other School/Training: | | City, State: | |
| Years Completed: | Did you Graduate? | Degree: | |

(Fill out both sides)

Date of Application: _____

Employment History *Please provide two accounts of employment history.*

| | | |
|--|------------------------|------------------|
| Employer's Name: | From: | To: |
| Address: | Supervisor: | |
| Phone: | Hours Worked Per Week: | Starting Salary: |
| Position: | | Last Salary: |
| May We Contact this Employer (circle one) Yes No | | |
| Reason for Leaving: | | |
| Primary Duties: | | |
| | | |
| | | |
| | | |
| Employer's Name: | From: | To: |
| Address: | Supervisor: | |
| Phone: | Hours Worked Per Week: | Starting Salary: |
| Position: | | Last Salary: |
| May We Contact this Employer (circle one) Yes No | | |
| Reason for Leaving: | | |
| Primary Duties: | | |
| | | |
| | | |

Professional References

- | | |
|---------------|--|
| Name _____ | Phone _____ |
| Address _____ | Relationship (i.e., supervisor, co-worker) _____ |
- | | |
|---------------|--|
| Name _____ | Phone _____ |
| Address _____ | Relationship (i.e., supervisor, co-worker) _____ |
- | | |
|---------------|--|
| Name _____ | Phone _____ |
| Address _____ | Relationship (i.e., supervisor, co-worker) _____ |

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee.

Applicant Signature

Date

(Fill out both sides)