



2137 S. Ammon Rd
Ammon, ID 83406
Phone: 208-612-4059
Fax: 208-612-4071

GENERAL EMPLOYMENT APPLICATION

Applicant Information

Name: _____
First Middle Last

Address: _____
City State ZIP

Phone: _____ Cell: _____ Email: _____

Drivers License #: _____ State: _____ EXP: _____ CDL: YES ☐ (A / B) NO ☐

Employment Desired

Position: _____ Date you can start: _____ Desired Pay: _____

Are you employed now? YES ☐ NO ☐ If so, may we inquire of your present employer? YES ☐ NO ☐

Have you applied here before? YES ☐ NO ☐ When? _____ Position applied for? _____

Are you able to perform the essential functions of this position with or without reasonable accommodations? YES ☐ NO ☐

Are you legally eligible to work in the United States? YES ☐ NO ☐

Employment History

Most Recent Employer: _____

Address: _____
City State ZIP

Phone: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____

Employer 2: _____

Address: _____
City State ZIP

Phone: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____

Employer 3: _____

Address: _____
City State ZIP

Phone: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____

If needed, please submit additional employment information on a separate sheet.

Education

Schools/Colleges Attended:	# Years	Course of Study	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Qualifications

Please note any special qualifications you may have, including, but not limited to professional licenses or certificates held:

Military

Are you a veteran or a family member who qualifies for Veteran's Preference and is claiming said preference pursuant to Idaho Code Section 65-504 or its successor? YES ☐ NO ☐

If yes, please complete the supplemental document attached to this application and provide proper documentation.

Have you previously claimed such preference? YES ☐ NO ☐

Relation to Employee(s) or Commissioner(s)?

Are you related by blood or marriage to any person employed by the Bonneville County Fire Protection District No. 1 or its Board of Commissioners? YES ☐ NO ☐

If yes, please provide their name and relationship to you:

Criminal History

Have you ever been convicted of a felony or misdemeanor under any state or federal law? YES ☐ NO ☐

If YES, state the nature of the crime, the court, and the year of conviction: _____

(A conviction will not necessarily be a bar to employment.)

CERTIFICATION

I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I understand that this application is not intended to be a contract of employment. It is understood and agreed upon that any misrepresentation made by me during the application and interview process will be sufficient cause for cancellation of my application and/or separation from Bonneville County Fire District #1 service if I have been employed.

As a part of my application for employment, I consent to take a drug test. I understand that if I test positive for illegal drugs, I will not be offered employment. If I am taking any prescription medication at the time of my drug test and my test comes back positive for illegal drugs, I will be afforded an opportunity to discuss that issue for the purpose of providing a reasonable explanation of my positive drug test.

I understand and acknowledge that I may be required to submit a criminal history check, physical examination, and/or other background checks relevant for the position for which I have applied.

Bonneville County Fire District #1 participates in E-Verify, and will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with the information from each new employee's Form I-9 to confirm work authorization. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

I grant Bonneville County Fire District #1 the right to investigate all references and to secure additional information about me such as, credit report and/or police background investigation, if job related. I hereby release from liability Bonneville County Fire District #1 and its representatives for seeking and obtaining such information and furthermore, I release from liability all other persons, corporations, or organizations for providing such information.

Signature

Date

VETERAN S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

I have a service-connected disability of 10% or more. YES ☐ NO ☐

I am the spouse of an eligible disabled veteran, who has a service-connected disability. YES ☐ NO ☐

I am the widow or widower of an eligible veteran and have remained unmarried. YES ☐ NO ☐

I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged. YES ☐ NO ☐

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer. G

I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

_____ Name (Please Print)

_____ Signature

Date _____