



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

GENERAL EMPLOYMENT APPLICATION

Applicant Information

Name: _____ SSN: _____
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? _____

Employment History

Most Recent Employer: _____

Address: _____
City State ZIP

Phone: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____ Salary or Hourly Rate: _____

Employer 2: _____

Address: _____
City State ZIP

Phone: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____ Salary or Hourly Rate: _____

Employer 3: _____

Address: _____
City State ZIP

Phone: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____ Salary or Hourly Rate: _____

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

Education

Schools/Colleges Attended:	# Years	Year Graduated	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

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

Special Qualifications

Please note any special qualifications:

EMPLOYMENT APPLICATION RELEASE

Are you a citizen of the United States of America? YES NO

Are you eligible to work in the US? YES NO

Are you a veteran of the US military service? YES NO

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

If YES:

State the nature of the felony, the court, and the year of conviction: _____

Have you completed all terms of the conviction? YES NO

Are you currently on any probation or parole? YES NO

I CERTIFY that 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.

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