



# Mica Kidd Island Fire Protection District

6891 W. Kidd Island Road

Coeur d'Alene, ID 83814-7356  
Office: 208-769-7946

admin@mkifire.com

## APPLICATION FOR EMPLOYMENT

Must be 18 years of age to apply

\_\_\_\_\_  
(Title of Position)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Physical) (Mailing, if different)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever worked under a different name from that which appears on this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the different name(s): \_\_\_\_\_

### PERSONAL HISTORY

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Endorsement: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever applied to the District before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

If hired, can you prove that you may legally work without restrictions in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ or did you receive a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_ Credits: \_\_\_\_\_

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

Type of degree or certificate: \_\_\_\_\_

What discipline was your degree or certificate in? \_\_\_\_\_

Which college or university did you obtain your degree or certificate from? \_\_\_\_\_

\*Please **LIST AND ATTACH A COPY** of any relevant professional or vocational licenses and/or certifications which you have obtained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special qualifications or skills, which you possess: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY**

**Present or Most Recent Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**PAST THREE EMPLOYERS**

**Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employer:** \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

## REFERENCES

Give the information requested below on three (3) persons not related to you whom you have known for at least one (1) year:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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: \_\_\_\_\_

If you are offered a position with the District, would you be willing to submit to any job related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you read the essential functions for the position to which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of the position to which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require reasonable accommodations to perform the essential functions for the position to which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? Yes \_\_\_\_\_ No \_\_\_\_\_

Is so, List: \_\_\_\_\_  
\_\_\_\_\_

Are you willing to work: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_  
(Check all that apply)

**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 Mica Kidd Island Fire Protection District (hereinafter MKI) to thoroughly investigate my character, references, work records, education, credit history, 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 MKI 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 MKI, 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. \_\_\_\_\_

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 MKI and me. In addition, I understand and agree that if I am employed; my employment relationship with MKI 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, MKI 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 MKI. 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 MKI, 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 MKI 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 MKI 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. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application Received On: \_\_\_\_\_ Received By: \_\_\_\_\_

Applicant has met minimum requirements: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Background Check Completed On: Satisfactory? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Interview Scheduled for: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Hire Date: \_\_\_\_\_