

Application for Employment

East Boise County EMS District

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume may also be attached but this application must be completed. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. If you need help to fill out this application, please notify us and every reasonable effort will be made to accommodate you.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone: ()				
		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Message <input type="checkbox"/>
Email Address:				
Position Applying For:				
Job Title:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Are you applying for: F/T <input type="checkbox"/> P/T <input type="checkbox"/> Volunteer <input type="checkbox"/> </div> <div style="width: 45%;"> What shifts will you work? Days <input type="checkbox"/> Nights <input type="checkbox"/> </div> </div>				
Available Start Date:				

Education/Training				
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)				
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State:		
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Diploma, Degree & Major</u>	<u>Graduated Y/N</u>
High School				
College				
Other (Business, Vocational, Military)				

Employment History: Include Employment for the Last 10 years. Please Start with the Current Employer. Attach a separate sheet if necessary. Account for all periods of unemployment during the 10 year period on a separate sheet of paper:

Have you ever been fired or asked to resign from a job? Yes No If yes, please attach an explanation.

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name/Email:

Dates From:

To:

May We Contact Them? Yes No

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name/Email:

Dates From:

To:

May We Contact Them? Yes No

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name/Email:

Dates From:

To:

May We Contact Them? Yes No

Position Held:

Primary Duties:

Reason for Leaving:

Job Description

Have you read the job description? Yes No

Can you perform the essential requirements of this job with or without reasonable accommodation?
Yes No

Military

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho law? Yes No (If Yes, fill out Page 5 of Application & attach required documentation)

Have you previously claimed such preference? Yes No

Professional Reference (Please list the names of two (2) persons with knowledge about your work performance or qualifications who are not related to you by blood or marriage.)

Name: _____
First Last Middle
Company: _____
Telephone: () _____ Email: _____
Relationship (i.e. manager, co-worker): _____ Occupation: _____

Professional Reference

Name: _____
Last First Middle
Company: _____
Telephone: () _____ Email: _____
Relationship (i.e. manager, co-worker): _____ Occupation: _____

Certifications

CPR/BLS Certification Date: _____
National Registry Certification Number: _____ Level: _____ Expiration Date: _____
Idaho EMT License Number: _____ Level: _____ Expiration Date: _____
Other Certifications: _____
Have You Been Subject to Any Administrative Actions/Investigations by an EMS Licensing Agency?
Yes No If yes, please attach an explanation

Are you related by blood or marriage to any person now employed by this agency? Yes No

If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated. I understand that if I am offered this job, it will be contingent on successfully passing a background check.

I understand and agree that, if hired, my employment is at will and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for this agency to hire me.

I authorize East Boise County EMS District, Idaho, to contact references provided for employment reference checks.

Signature of Applicant: _____ Date: _____

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE
SIGNED/DATED ABOVE.**

IT IS THE POLICY of EAST BOISE COUNTY EMS DISTRICT to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex (including gender identity and sexual orientation), age (unless a bona fide job requirement), disability, or any other characteristic protected by law. Reasonable accommodations will be made for disabled persons.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here ___ and proceed to the next page.

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.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- 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.

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, my employment/volunteer status may be terminated and my name removed from consideration for employment with Employer.

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

Name (Please Print)

Signature

DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with EAST BOISE COUNTY EMS DISTRICT, IDAHO, do hereby authorize a review of and full disclosure of all records and information concerning myself, to any duly authorized agent of EAST BOISE COUNTY EMS DISTRICT, IDAHO, regardless of whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had, any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by East Boise County EMS District. I hereby agree that any person(s) or entities who may furnish such information concerning me, shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

DATED: _____

Printed Name, including all names I have previously used or been known by:

SSN#: _____

DOB: _____

DL#: _____ Issued: _____ Expiration: _____