

Human Resources Department

City of Rexburg

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CITY OF
REXBURG
America's Family Community

MFD Paid Call Job Application

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, particularly to list other past employment. PLEASE PRINT, except for the signature at the end of the application. All information given will be held in confidence.

DATE: _____ **Drivers License #:** _____ **Drivers License State:** _____

FULL NAME (Print): _____

PRESENT ADDRESS: _____

HOME PHONE #: _____ **WORK PHONE #:** _____

CELL PHONE #: _____ **Can we call you at work?** Yes: ____ No: ____

E-MAIL _____

PAID CALL EMPLOYMENT YOU ARE SEEKING: EMT/EMT-P: ____ Fire: ____ Both: ____

The City subscribes to a drug-free work place policy. Applicants will be considered based upon their ability to meet our policies and work requirements.

WILL YOU TAKE A DRUG TEST AT RANDOM? Yes: ____ No: ____

WILL YOU ALLOW A BACKGROUND AND REFERENCE CHECK? Yes: ____ No: ____

HAVE YOU EVER BEEN CHARGED WITH A CRIME (other than a traffic infraction)? Yes: ____ No: ____

If yes, explain when, where and what: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? Yes: ____ No: ____
(Note: To the extent governed by federal law, we will require proof of legal authorization to work)

Do you have a valid driver's license? Yes: ____ No: ____

ARE YOU A VETERAN? When did you serve _____? Yes: ____ No: ____
If yes, please submit a copy of your DD-214 discharge papers.

ARE YOU RELATED TO THE MAYOR OR A CITY COUNCIL PERSON OF THE CITY OF REXBURG?
Who? _____ Yes: ____ No: ____
How? _____

WHEN ARE YOU AVAILABLE FOR EMPLOYMENT? _____

EMPLOYMENT HISTORY (COPY THIS PAGE FOR MORE HISTORY IF NECESSARY)

List below your record of employment. Start with your present or most recent job. We require you to list at least the last three employers, or where you have worked, if any, during the last ten years, whichever is the longest.

*** Items with an asterisk (*) MUST be answered here or on your résumé. ***

***DATES EMPLOYED: From:** _____ **To:** _____

***EMPLOYING FIRM:** _____

Firm Address: _____

Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

*Reason for Leaving: _____

*Are you eligible for re-hire? _____ If not, why? _____

***DATES EMPLOYED: From:** _____ **To:** _____

***EMPLOYING FIRM:** _____

Firm Address: _____

Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

*Reason for Leaving: _____

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Firm Address: _____

Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

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Your Title: _____

*Immediate Supervisor _____ *Phone: _____

*Specific Duties: _____

Full Time? _____ Part Time? _____ Starting Salary: _____ *Last Salary: _____

*Reason for Leaving: _____

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***EDUCATION**

(circle last year completed)		DEGREES & MAJOR SUBJECTS	YEAR
High School	1 2 3 4	_____	_____
College	1 2 3 4 5 6 7 8	_____	_____
Other (Business, Vocations, Military—Explain)		_____	_____

***QUALIFICATIONS & ABILITIES** **(Attach any certificates that may apply.)**

If you have any applicable qualification, training, license, expertise or ability which you believe may be of benefit, please describe and explain: _____

If you are an experienced operator of any applicable machines or equipment, please describe, explain and list hours operated: _____

REFERENCES

Give two character references who are not relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION
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***AFFIDAVIT**

Have you read, or had explained or communicated to you,
the job description of the job for which you are making application? Yes: ____ No: ____

If the above answer is yes, to the best of your knowledge and understanding,
can you perform the essential functions of the job for which you are
applying, with or without reasonable accommodation? Yes: ____ No: ____

IF YOU NEED REASONABLE ACCOMMODATION IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS
OF THE JOB, PLEASE EXPLAIN:

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of any false statements, answers or omissions made by me in this application. I also authorized the companies, schools or persons named above to provide information regarding my employment, character and qualifications. I hereby release those companies, schools or persons named above from all liabilities for providing any information regarding my employment, character and qualifications.

I certify that all statements and answers to the questions on this application are true and were made by me without any reservations except where I have noted. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for termination. I also understand that if employed, either the City or I may terminate our relationship at will, with or without notice or for any reason. I understand and agree that this application as well as any relationship between the City and myself that might stem from, or arise out of, this relationship, are not matters of any contract, and that there is no contract implied or expressed in any relationship which may form.

Date _____ Signature _____

(If you have a résumé, you may attach it to this application.)



Required Additional Questionnaire

Full Legal Name:					
DOB:		SSN:		Phone #:	

INSTRUCTIONS: Answer *each* question truthfully, by marking either YES or NO.

1.	Are you willing to comply with required annual physical fitness testing?	YES	NO
2.	Is your physical fitness level and/or health such that taking a physical fitness test would endanger your health?	YES	NO
3.	Will you submit to a psychological exam?	YES	NO
4.	Will you submit to a polygraph (lie detector) examination concerning any of the questions on this form, and any other questions pertaining directly to this job?	YES	NO
5.	Do you have a current, valid Driver's License?	YES	NO
6.	Are you currently on any type of probation?	YES	NO
7.	In the last six months have you received three or more traffic citations?	YES	NO
8.	In the last 24 months have you received six or more traffic citations?	YES	NO
9.	Have you ever been convicted of "driving while suspended"?	YES	NO
10.	Have you ever had your driving privileges suspended?	YES	NO
11.	Have you ever been convicted for "driving while intoxicated" or "driving under the influence of drugs"?	YES	NO
12.	Have you ever used, manufactured, sold or delivered any illegal drug; or misused prescription medications?	YES	NO
13.	Have you ever been arrested for, or convicted of, a misdemeanor; or offered an Alford plea or been given a "withheld judgment" on a misdemeanor?	YES	NO
14.	Have you ever been arrested for, or convicted of, a felony; or offered an Alford plea or been given a "withheld judgment" on a felony?	YES	NO
15.	Have you truthfully answered all questions?	YES	NO

****IF YOU ANSWERED YES TO ANY NON-GRAY QUESTION, PROVIDE DETAILS ON SEPARATE SHEET OF PAPER.****

I have been completely truthful in the answers I have provided to each question. I further understand that if any of my answers are shown to be untruthful that I will be ineligible for employment with Madison Fire Department. I also understand there will be a yearly background check upon being hired with Madison Fire Department.

Signature: _____ Date: _____

