



January 15, 2018

Dear Prospective Candidate,

Thank you for showing interest in the Middleton Rural Fire District, our goal is to choose individuals who are well qualified and dedicated to a career in the Fire Service.

Middleton firefighters and EMT's are required to perform a variety of tasks including, Fire Suppression, Rescue, Wildland Fire Suppression, Fire Prevention, Public Education, and Emergency Medical Care.

The job of Firefighter and EMT is physically and emotionally demanding. Firefighters and EMT's must be in peak physical condition both at the time of hire and throughout their fire career. Firefighters and EMT's must be committed to working effectively with our customers, district employees and members of other departments. Integrity, Teamwork and Respect for diversity are important aspects of the job.

Middleton Rural Fire District has been serving the community of Middleton and surrounding areas since 1958. We cover approximately 100 square miles and serve a population of over 17,500 residents with an annual call volume of 1600 requests for service. Middleton Rural Fire District is a combination Fire Department with 9 full-time employees and 30 paid on call volunteer personnel. Our administrative staff includes the Deputy Fire Chief, two Captains, EMS Officer and an Administrative Assistant. Full-time firefighters are covered under an IAFF Bargaining Agreement.

The application process includes three parts. Applicants will be notified via email advising them if they have moved on to the next part of the application process. No phone calls will be accepted during the application period. The application period is open from January 15, 2018 and closes February 1, 2018 at 5:00 PM. Applications received after the closing date and time will NOT be reviewed. Testing and interview schedule will be released via email to eligible candidates.

We wish you the best throughout the application process and look forward to working with you in the near future.

Regards,

A handwritten signature in black ink, appearing to read "Victor Islas".

Victor Islas
Deputy Fire Chief
vislas@middletonfire.org

Check- Off List

- Review & Complete Application
- Review & Complete Investigation Form & attach copy of Driver's License
- Sign Packet
- Attach resume with applications

Middleton Rural Fire District
302 E. Main Street
Middleton, Idaho 83644

Office (208) 585-6650
Fax (208) 585-6340
www.middletonfire.org



Authorization to Release Information and Investigate

I, _____, do hereby authorize the release, and/or review of full disclosure of all records concerning myself to the Middleton Rural Fire District, whether the said records are of a public, private or confidential nature. The intent of this authorization to give my consent for full and complete disclosure of records of educational institutions; financial or credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performing ratings, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information. This excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made). I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Middleton Rural Fire District. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from liability which may be incurred as a result of furnishing such information.

I have read and fully understand the contents of this "Authorization for Release of Personal Information". I understand that all information and documents turned over to the Middleton Rural Fire District become the property of the fire district and will not be returned to me.

Please Print

Last Name	First Name	Middle
Address	City	State
		Zip Code
Social Security Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number	State Issued	Expiration Date

I hereby certify that all statements made on this form are true and complete to the best of my knowledge. In the event of employment, I agree and understand that any misstatement of facts herein may cause forfeiture of employment with the Middleton Rural Fire District.

Applicant Signature	Date
Witness Signature	Date

EDUCATIONAL BACKGROUND

High School/GED

Name: Location (City/State):

Years completed: Did you graduate? Yes No - If no, highest grade completed:

College/University

Name: Location (City/State):

Years completed: Did you graduate? Yes No - If no, highest grade completed:

Degree: Major: Minor:

Name: Location (City/State):

Years completed: Did you graduate? Yes No - If no, highest grade completed:

Degree: Major: Minor:

Technical/Trade School

Name: Location (City/State):

Years completed: Did you graduate? Yes No - If no, highest grade completed:

Certificate: Expires: License:

Other School/Training

Name: Location (City/State):

Years completed: Did you graduate? Yes No - If no, highest grade completed:

Certificate: Expires: License:

EMS/Fire Service Related Training:

Licenses and Certifications

NREMT:	Paramedic	Intermediate	EMT	Expires:
Idaho:	Paramedic	AEMT	EMT	Expires:
HCP-BLS:	Instructor	Provider		Expires:

EMPLOYMENT HISTORY

(LIST YOUR LAST THREE EMPLOYERS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT)

Employer:

Job Title:

Supervisor:

Start Date:

End Date:

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May we contact? Yes No

Reason for leaving:

Employer:

Job Title:

Supervisor:

Start Date:

End Date:

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Start Date:

End Date:

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May we contact? Yes No

Reason for leaving:

PAST EMPLOYMENT

Have you ever been (answers of YES for any of the questions will not necessarily disqualify you from employment):

Disciplined or fired for excessive absenteeism?	Yes	No
Disciplined or fired for insubordination?	Yes	No
Disciplined or fired for violation of safety rules?	Yes	No
Disciplined or fired for assault or fighting?	Yes	No
Disciplined or fired for harassment?	Yes	No
Disciplined or fired for patient abuse?	Yes	No
Disciplined or fired for alcohol and/or drug related activity at work?	Yes	No

Please explain any "yes" answers:

REFERENCES

List **two** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Location (City/State): _____
Occupation: _____ Years known: _____
Email Address: _____

Name: _____ Location (City/State): _____
Occupation: _____ Years known: _____
Email Address: _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Location (City/State): _____
Relation: _____ Years known: _____
Email Address: _____

Name: _____ Location (City/State): _____
Relation: _____ Years known: _____
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OTHER INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? Yes No

**** Provide Copy of Driver's License with application.****

Do you have a valid Driver's License? Yes No Class: State: DL#

List all moving violations (convictions) and accidents in the last five years:

Have you ever been convicted, pled guilty, or no contest to a felony and/or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? Yes No

If yes, explain:

A conviction will not necessarily disqualify you from employment

Are you able to perform the essential functions of the job, with or without reasonable accommodations?

Yes No If no, explain:

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate MIDFire in any way. Applications will remain active for up to six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I, or MIDFire is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with the requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow my doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by MIDFire as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in the immediate discharge from MIDFire

I hereby authorize MIDFire to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including criminal history check, driving history check, child abuse clearance check, credit history and other such inquiries. I release MIDFire and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with MIDFire may be terminated.

Applicant's Signature: _____

Date:

Printed Name:

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Name: Location (City/State):

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Disciplined or fired for violation of safety rules?	Yes	No
Disciplined or fired for assault or fighting?	Yes	No
Disciplined or fired for harassment?	Yes	No
Disciplined or fired for patient abuse?	Yes	No
Disciplined or fired for alcohol and/or drug related activity at work?	Yes	No

Please explain any "yes" answers:

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If yes, explain:

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Are you able to perform the essential functions of the job, with or without reasonable accommodations?

Yes No If no, explain:

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I further understand that refusal to submit to an alcohol or drug screen test at any time will result in the immediate discharge from MIDFire

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Date:

Printed Name: