

East Priest Lake Fire District

Information to Include with Application

Thank you for your interest in East Priest Lake Fire District. To efficiently complete your application, YOU MUST include the certificates below, if previously obtained. If you do not provide each certificate, you will be required to attend that initial training.

- Valid Driver's License (Required for all applications)
- No prior training or experience - If no prior training or experience, please check this box and leave all others below blank. Continue to page two of the application.
- Fire Science Degree/FF1 Certification
- Equivalent Documented Training or Field Experience
- ID State EMT Certification or National EMT Certification
- ID State Emergency Vehicle Incident Prevention Certificate or Equivalent
- ID State HAZMAT Awareness and Operations Certification WAC296-824 or IFSAC
- IS-100, IS-200, IS-700.A, and IS-800.B

Please mail your completed application to:

EPLFD
48 E Lake Trout LN
Coolin, ID 83821

EDUCATION

High School Graduate: Yes No GED

College (mark highest year completed) 1 2 3 4 Higher

Area(s) of Study: _____

EMERGENCY NOTIFICATION

In case of an emergency notify: _____

Relationship: _____

Address: _____ Phone Number: _____

EMPLOYMENT HISTORY (List current or most recent first)

1. Dates: From _____ To _____

Employer: _____ Phone Number: _____

Occupation: _____

2. Dates: From _____ To _____

Employer: _____ Phone Number: _____

Occupation: _____

FIREFIGHTER TRAINING/EXPERIENCE (List current or most recent first.)

If you list any past experience, you must include certificates with your application.

1. Dates: From _____ To _____

Agency: _____ Phone Number: _____

Occupation: _____

2. Dates: From _____ To _____

Agency: _____ Phone Number: _____

Occupation: _____

REFERENCES: (Please provide two references)

Name: _____ City: _____ State: _____ Phone Number: _____

Name: _____ City: _____ State: _____ Phone Number: _____

East Priest Lake Fire District
RELEASE OF INFORMATION

I hereby authorize EPLFD to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for or which I may be engaged. I further acknowledge and agree that the District may:

1. Contact my present or former employers.
2. Confirm the status of my driver's license and driving record.
3. Inquire into any criminal convictions on my record.
4. Contact any personal references provided.
5. Verify my educational background and training.

I specifically authorize any person, firm, or corporation contacted by EPLFD to release any of the above records to the District and waive any privilege of confidentiality I may have with respects to said records.

Dated this _____ day of _____, 20 _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Full Name Printed: _____

Signature: _____