



# Worley Fire Protection District

31541 S Highway 95  
Worley, ID 83876

Office: 208-686-1718  
Website: worleyfire.com  
Email : admin@worleyfire.com

## In-District Volunteer Application

Must be 18 years of age to apply

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

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

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

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

Home Phone Number: \_\_\_\_\_ Cell Phone 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: \_\_\_\_\_

## **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: \_\_\_\_\_

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)

***We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.***

**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 Worley Fire Protection District (hereinafter WFD) 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 membership and further authorize my current and former employers to disclose to WFD 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 WFD, 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 a volunteer position, I will, 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. I also understand that any offer of membership is contingent on my ability to be covered by WFD insurance, if required for my position. \_\_\_\_\_

I hereby certify that I have not withheld any information that might adversely affect my chances for membership 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 membership shall be grounds for rejection of this application or for immediate discharge if I am accepted, 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: \_\_\_\_\_

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

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

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

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