

# Human Resources Department

City of Rexburg

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Rexburg, ID 83440

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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 HAVE A CERTIFICATION FOR: EMS: \_\_\_ Fire: \_\_\_ Both: \_\_\_

If you are interested in, and qualify for, the Live-In Program, please check here: \_\_\_

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? \_\_\_\_\_

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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) |                 | _____                    | _____ |

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

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

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**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:

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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.

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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: \_\_\_\_\_

