



Madison Fire Department

Paid Call Application

*Application might not be considered if not fully filled out.
All information will be held in confidence.*

Each question should be fully and accurately answered.

APPLICANT INFORMATION

Use only your full legal name and current address.

APPLICATION DATE

FULL LEGAL NAME

PRIMARY PHONE (555-555-5555)

E-MAIL

CURRENT STREET ADDRESS (include unit/apt number)

CITY, STATE AND ZIP CODE

DRIVER'S LICENSE

STATE

NUMBER

EXP. DATE

EMPLOYMENT INFORMATION

If hired, you will be required to pass a background check, initial drug test, and possible random drug screening during the course of employment.

ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES?

YES

NO

DATE AVAILABLE TO START

ARE YOU A VETERAN?

YES

NO

If you are related to an MFD Fire Commissioner, please provide their name and your relationship to them:

EMPLOYMENT HISTORY

Starting with your present or most recent job, list your last three jobs covering the last ten years of employment history, if any. You are welcome to also send your resume, but all of the fields here must be completed.

If you choose to also send a resume, you still need to fill out the required fields for each employer below.

EMPLOYMENT

PREVIOUS EMPLOYER NAME

CITY AND STATE

FULL- OR PART-TIME

JOB TITLE

START DATE

END DATE

REASON FOR LEAVING

SUPERVISOR NAME

MAY WE CONTACT THIS EMPLOYER? (only applicable to current employer)

YES

NO

EMPLOYER TELEPHONE

FINAL SALARY OR HOURLY WAGE

LIST THE SPECIFIC DUTIES YOU PERFORMED

EMPLOYMENT

PREVIOUS EMPLOYER NAME

CITY AND STATE

FULL- OR PART-TIME

JOB TITLE

START DATE

END DATE

REASON FOR LEAVING

SUPERVISOR NAME

FINAL SALARY OR HOURLY WAGE

LIST THE SPECIFIC DUTIES YOU PERFORMED

EMPLOYMENTPREVIOUS EMPLOYER NAME CITY AND STATE FULL- OR PART-TIME JOB TITLE START DATE END DATE REASON FOR LEAVING SUPERVISOR NAME FINAL SALARY OR HOURLY WAGE

LIST THE SPECIFIC DUTIES YOU PERFORMED

EMPLOYMENTPREVIOUS EMPLOYER NAME CITY AND STATE FULL- OR PART-TIME JOB TITLE START DATE END DATE REASON FOR LEAVING SUPERVISOR NAME FINAL SALARY OR HOURLY WAGE

LIST THE SPECIFIC DUTIES YOU PERFORMED

EMPLOYMENT

PREVIOUS EMPLOYER NAME

CITY AND STATE

FULL- OR PART-TIME

JOB TITLE

START DATE

END DATE

REASON FOR LEAVING

SUPERVISOR NAME

FINAL SALARY OR HOURLY WAGE

LIST THE SPECIFIC DUTIES YOU PERFORMED

EMPLOYMENT

PREVIOUS EMPLOYER NAME

CITY AND STATE

FULL- OR PART-TIME

JOB TITLE

START DATE

END DATE

REASON FOR LEAVING

SUPERVISOR NAME

FINAL SALARY OR HOURLY WAGE

LIST THE SPECIFIC DUTIES YOU PERFORMED

PREVIOUS ADDRESSES

List the city and state for anywhere you've lived for the last five years. Include the date range for each location.

EDUCATION

What is the highest level of education you have received (high school, college/university, other)?

What is the type of institution where you have received or are pursuing your education?

What area of education did you pursue or are you pursuing?

Anticipated date of graduation (if still in school):

Add any additional comments about your education below. You may include your GPA, classes you have taken that pertain to the job you are pursuing, etc.

SKILLS AND CERTIFICATIONS

Do you have your NREMT license? If so, what is the expiration date?

Do you have your State of Idaho EMT/Paramedic license? If so, what is the expiration date?

Have you already completed HazMat Awareness/Operations? What is the date on your certificate?

Have you already completed Firefighter I (structure firefighting)? What is the date on your certificate?

Have you already completed NWCG FFT2 (S-190, S-130 & L-180 for basic wildland firefighter)? What is the date on your certificate(s)?

List other relevant skills, qualifications, trainings, expertise, or abilities you believe may be of benefit for this position.

REFERENCES

Please provide two character references who are not relatives or former employers:

FIRST REFERENCE

FIRST AND LAST NAME

PHONE NUMBER

OCCUPATION

E-MAIL

SECOND REFERENCE

FIRST AND LAST NAME

PHONE NUMBER

OCCUPATION

E-MAIL

AFFIDAVIT

I affirm all the answers and documents provided by me for this application are true and correct without consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for termination. This application is not intended to and does not create a contract or offer of employment and, if hired, employment with Madison Fire Department would be on an at-will basis and could be terminated at the will of either party. I understand and agree that this application, as well as any relationship between MFD 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.

I authorize the companies, schools or persons named previously to provide information regarding my employment, character, and qualifications. I hereby release those companies, schools, or persons named previously from all liabilities for providing any information regarding my employment, character, and qualifications.

By checking the box, you affirm you have read the above information and agree with it.

JOB DESCRIPTION

I have read, or had explained to me, the job description and believe I can perform the requirements of the job for which I am applying.

YES

NO

REQUIRED ADDITIONAL QUESTIONNAIRE

Answer each question truthfully, by selecting yes or no.

1.	Are you 18 years old or older?	YES	NO
If you're not 18 years old or older, when will you be 18?		<input type="text"/>	
2.	Are you willing to comply with required annual physical fitness testing?	YES	NO
3.	Are you free of any physical condition that would prevent you from taking any physical fitness test?	YES	NO
4.	Will you submit to a psychological exam?	YES	NO
5.	Will you submit to a polygraph (lie detector) examination concerning any questions on this form, and any other questions pertaining directly to this job?	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 had your driving privileges suspended?	YES	NO
10.	Have you ever been convicted of "driving while intoxicated" or "driving under the influence of drugs"?	YES	NO
11.	Have you ever used, manufactured, sold, or delivered any illegal drug; or misused prescription medications?	YES	NO
12.	Have you ever been arrested for, or convicted of, any crime involving a sex offense; or offered an Alford plea, or been given a "withheld judgment" for any crime involving a sex offense?	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 ever committed a crime, whether a felony or a misdemeanor, for which you have not been charged or has not been reported?	YES	NO

If you answered yes to any question 6-15, provide details in the box below.

Will you submit to a yearly background check upon being hired with Madison Fire Department?
 YES NO

I affirm I have been completely truthful in the answers I have provided to each question and understand that if any of my answers are shown to be untruthful, I will be ineligible for employment with Madison Fire Department.

Signature (typed, written, drawn, image inserted)