

Kootenai County Fire & Rescue

Administration Office

Kootenai County Fire & Rescue (KCFR) will be conducting an eligibility test for the purpose of establishing a list of qualified emergency responders. This list will be used to fill possible future positions including: 56-HR FF/EMT (B,A or Paramedic level).

THE APPLICATION PERIOD CLOSSES AT 12:00 PM PST, FRIDAY, MAY 30, 2014.

The final eligibility list will be ranked by overall points. Points may be earned through the online exam and honorable US military service (with a valid DD214 form). Date and time of application will be used to determine list standing in the event that two or more individuals have the same number of overall points.

We will use the eligibility list to hire emergency response positions until the list has been deemed void by the Fire Chief. (1) When a potential opening occurs, the District will reference the eligibility list to find the highest ranking individual who holds the professional certifications we desire for that opening. (2) The highest ranking, most qualified individuals will be contacted to participate in the final testing and interviews specifically designed for that opening. (3) Final testing may include participation in a physical agility test, a written test, and oral interviews, if deemed appropriate for the position. (4) The Fire Chief will choose from the most qualified final candidates for each opening.

If you are successfully placed on the eligibility (hiring) list, you will remain active on the list until you (1) notify us in writing that you no longer wish to remain on the list, or (2) you reject an offer to participate in additional testing for any opening, or (3) you reject an offer of employment from our agency, or (4) the list is voided by the Chief. You are responsible for informing KCFR in writing of any changes to your contact information or certification(s).

To be eligible to test you must have met the following minimum requirements as of the date you submit your application:

- (1) Be at least 18 years of age, and
- (2) Hold a valid driver's license, and
- (3) Have a High School Diploma or GED, and
- (4) Have a current EMT license. (NREMT or State EMT certifications), and
- (5) Have obtained IFSAC FF1 Certification or equivalent - *We will consider IFSAC FF1 equivalency in the following formats: 1) Proof of successfully completing an IFSTA Essentials of Firefighting course. Proof may be submitted in the form of an agency issued certificate. OR 2) Documentation from your current Training Officer outlining how your training meets the IFSTA Essentials of Firefighting standards. This documentation must include the Training Officers name and current contact phone number and email address that must be on Fire District/Department letterhead.*

IMPORTANT: Please do not apply until you have a current EMT license. You are required to list your current EMT license number, expiration date, as well as provide us with a copy at the time of application. We are seeking applicants with strong Paramedic experience (2+ years).

How to apply: (Deadline for Applications 12:00PM, PST on Friday, May 30, 2014)

Part 1: Go to www.kootenaifire.com to print our application. Complete application and send to KCFR.

Part 2: Cover Letter is optional.

Part 3: Provide a copy of your current; driver's license, State EMT or NREMT license, and IFSAC FF1 or equivalent certification. *Veterans wishing to claim preference points must also attach a copy of the DD214 form to your application.*

Applications will be accepted through regular mail, email, or drop-off at KCFR Administration. **No late applications will be accepted – NO EXCEPTIONS.**

Kootenai County Fire & Rescue - Administration

Attn: Jayme Nipp

1590 E. Seltice Way

Post Falls, ID 83854

Email: jaymen@kootenaifire.com

Applications will be processed and all individuals will be notified by June 5th, of eligibility/ineligibility to take our exam scheduled for June 19th & 20th at our Administration office.

REQUIRED FEE: Kootenai County Fire & Rescue is charging a \$15.00 (fifteen dollar) fee to take our exam. With your application, please send us the exam fee. This is a non-refundable fee unless you are deemed ineligible to test, if this occurs, you will be refunded the full amount. **Note: If we do not receive this fee at the time of application, you will be ineligible to take the online exam and unable to participate in our testing process.**

NOTE: Applicants may order the "NFST Candidate Orientation Guide" by clicking the following link: <http://www.fpsi.com/forms.html> and scroll down to the bottom of the page. For \$10, applicants can pay with their credit card and then immediately download and print one copy of the NFST Candidate Orientation Guide with several practice test questions. The NFST Candidate Orientation Guide cannot be downloaded from a MAC computer.



Kootenai County Fire & Rescue

1590 E. Seltice Way Post Falls, ID 83854

Application for Employment/Testing

POSITION/ TESTING INFORMATION

Application Date: _____ Position/Test Applied For: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____ (A valid Email address is required for all applications)

PERSONAL HISTORY

Are you at least 18 years old? Yes No (You must be at least 18 years of age to apply)

Do you have a valid driver's license? Yes No (You must attach a copy of your driver's license to apply)

Have you ever applied with KCFR? Yes No What Position? _____

Are you a US Citizen? Yes No

If you are not a US Citizen, are you allowed to work in the US without restriction? Yes No

Have you served in the US Armed Forces? Yes No (If yes, attach DD Form 214 to receive preference points)

Branch: _____ Dates of Service: _____

Have you ever been convicted of a felony? Yes No (If yes, please explain below.)

Have you applied for a position of employment or volunteer service with any other Fire Agency? Yes No
If yes, list the position, agency name, agency location and dates you applied. _____

If you are offered a position with KCFR, would you be willing to submit to any job related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied? Yes No

In your opinion, are you able to preform the essential functions of the position to which you have applied with or without reasonable accommodations? Yes No

Are you available to work 24-Hour Shifts? Yes No

EDUCATION INFORMATION

HIGH SCHOOL/ GED

Did you graduate from High School? Yes No

School Attended: _____

Graduation Date: _____

OR

Did you receive a GED? Yes No

Agency that issued your GED: _____

Date GED received: _____

COLLEGE

Have you attended a college or university? Yes No

School Attended: _____

Location of School: _____

Number of credits received: _____

Degree Received: Associates Bachelors Masters

Area of study: _____

PhD Certificate None

VOCATIONAL TRAINING

Please mark all professional/vocational certificates you currently hold:

IFSAC FFI Issuing Agency: _____
 NREMT B
 NREMT A
 NREMT P
 EMT B Issuing Agency: _____
 EMT A/I Issuing Agency: _____
 EMT P Issuing Agency: _____

HazMat Awareness Issuing Agency: _____
 HazMat Operations Issuing Agency: _____
 HazMat Technician Issuing Agency: _____

Other Name: _____
 Other Name: _____
 Other Name: _____
 Other Name: _____
 Other Name: _____
 Other Name: _____
 Other Name: _____

You must attach a copy of the above certificates.

CCT-P
 IFSAC FFII Issuing Agency: _____
 IFSAC DO Issuing Agency: _____

Do not attach a copy of any of these certificates.

Do not attach a copy of any of these certificates.

ADDITIONAL KNOWLEDGE, SKILLS AND ABILITIES

Please list any additional knowledge, skills or abilities that you believe would help you be successful in the position for which you are applying:

REFERENCES

Provide information below for three professional contacts not related to you whom you have known for at least one year.

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

WORK HISTORY

PRESENT EMPLOYER

Employer: _____ Position: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Supervisor Name and Title: _____
Start Date: _____ End Date: _____ Hours worked per week: _____
Duties Performed: _____
Reason for Leaving: _____ May we contact this employer: Yes No

PAST THREE EMPLOYERS

Employer: _____ Position: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Supervisor Name and Title: _____
Start Date: _____ End Date: _____ Hours worked per week: _____
Duties Performed: _____
Reason for Leaving: _____ May we contact this employer: Yes No

Employer: _____ Position: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Supervisor Name and Title: _____
Start Date: _____ End Date: _____ Hours worked per week: _____
Duties Performed: _____
Reason for Leaving: _____ May we contact this employer: Yes No

Employer: _____ Position: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Supervisor Name and Title: _____
Start Date: _____ End Date: _____ Hours worked per week: _____
Duties Performed: _____
Reason for Leaving: _____ May we contact this employer: Yes No

HOW DID YOU HEAR ABOUT THIS POSITION/ TEST?

- | | |
|-------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Professional Publication - What publication? _____ |
| <input type="checkbox"/> Company Employee | <input type="checkbox"/> Web Site - What website? _____ |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other Source - What is the source? _____ |



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Disclosure and Authorization Regarding Background Reports

Kootenai County Fire & Rescue:

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me upon an offer of employment, which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company. I authorize without reservation, any party or agency contracted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Applicant Signature: _____

Date: _____

APPLICANT INFORMATION

Please PRINT clearly:

Position applied for: _____

Name: _____
First Middle Last

Maiden/AKA: _____

SSN: _____

Date of Birth: _____

* Gender: Female Male

* Ethnicity: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.

Current Address: _____

County: _____

City State Zip

How Long: _____ to _____

Previous Address: _____

County: _____

City State Zip

How Long: _____ to _____

Motor Vehicle Report Fax to: 208-769-7482

Drivers License #: _____

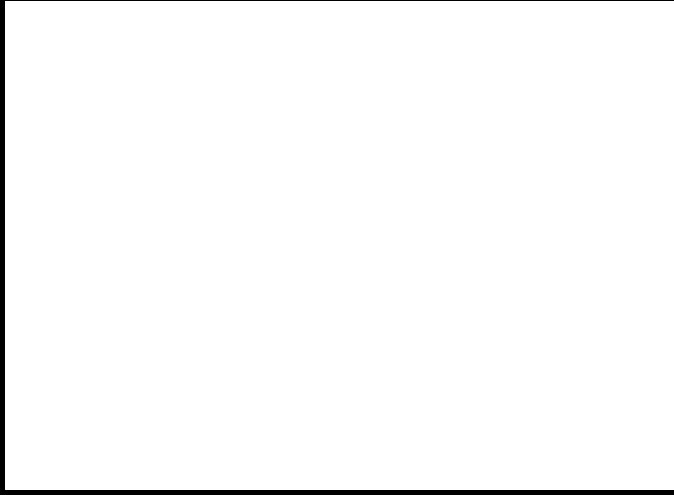
State held: _____

For Office Use Only

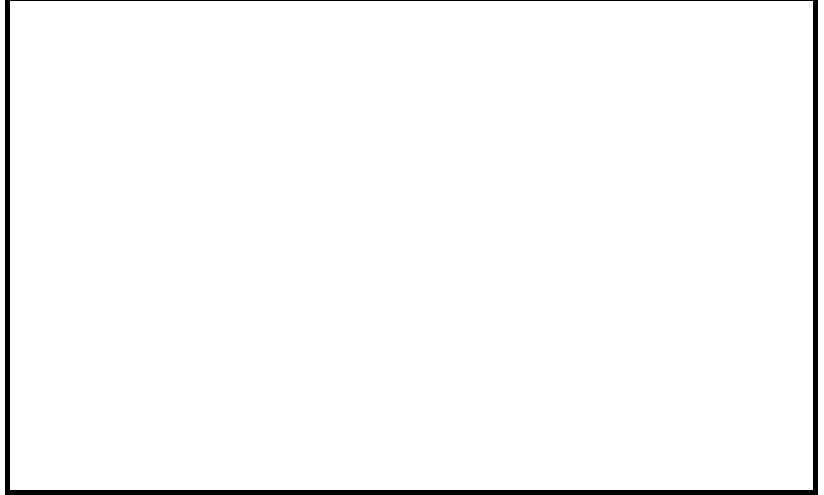
Report Requested: SSN [] Criminal [] MVR []
Person Requesting: _____
Date Requested: _____
Date Complete: _____

SUPPLEMENTAL INFORMATION

1) Attach a copy of your current driver's license:



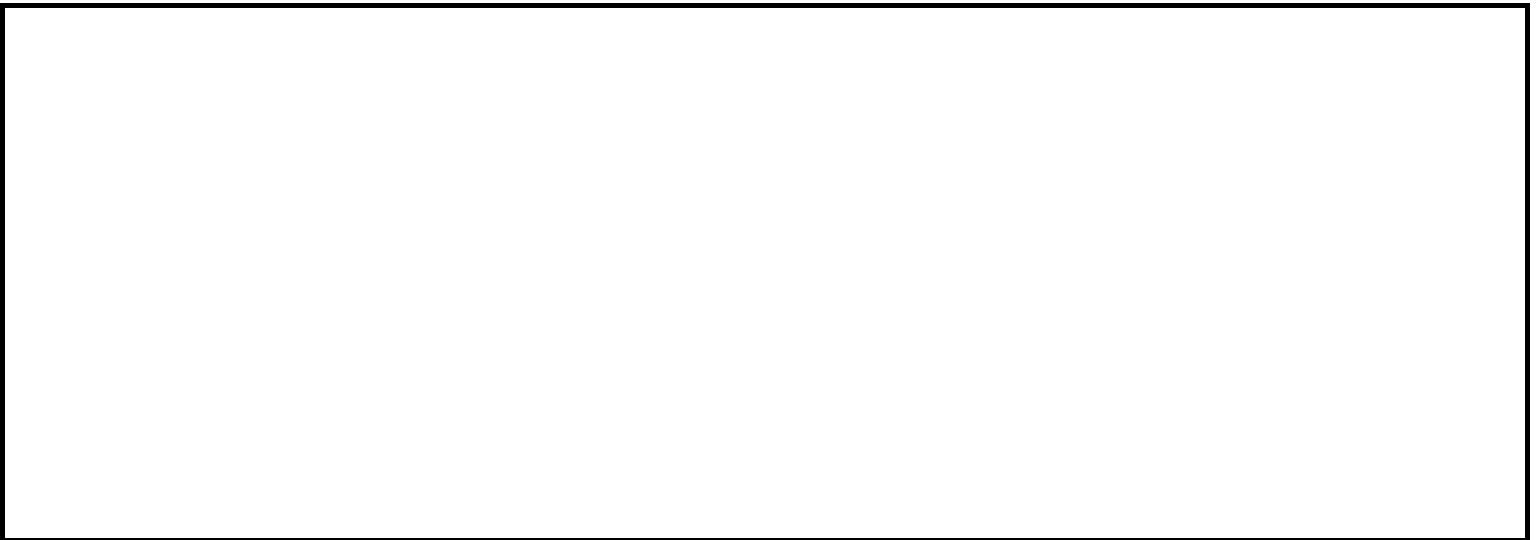
2) Attach a copy of your current State EMT or NREMT license:



3) Attach a copy of your IFSAC FF1 or equivalent certification:



4) Attach your testing fee here - *Make all checks payable to KCFR* - Do not send cash.



5) If you are requesting preference points based on US Military Service, you must attach DD Form 214 to this application.



Kootenai County Fire & Rescue

1590 E. Seltice Way Post Falls, ID 83854

Equal Employment Opportunity Form (Optional)

Kootenai County Fire & Rescue is committed to a policy of equal employment opportunity. The following information is requested for the Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Because this information is VOLUNTARY and will NOT be considered for employment purposes, this page will remain separate from your Employment Application. In addition, upon employment, this information will not be used for any subsequent personnel decision.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Social Security Number: _____

Position Applied for: _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our Fire District.

RACIAL OR ETHNIC GROUP

- American Indian/Alaskan
- Hispanic/Latino
- Asian/Pacific Islander
- White/Caucasian
- Black/African American
- Other

GENDER

- Female
- Male

MILITARY SERVICE

- Veteran
- Non Veteran
- Active Duty
- Reserve/Guard

Note, For purposes of racial statistical tabulation, the following categories are used:

American Indian/Alaskan – includes persons who identify themselves or are know as such by virtue of tribal association

Hispanic/Latino – includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent

Asian/Pacific Islander – includes persons of Japanese, Chinese, Korean or Filipino descent

White/Caucasian – includes person of Indo-European descent, including Pakistani and East Indian persons

Black/African American – includes persons of African descent, as well as those identified as Jamaican, Trinidadian, and West Indian descent

Other – includes Malaysians, Thais, and others not covered above.