



Ketchum Fire Department

P.O. Box 966 • 480 East Avenue North • Ketchum, ID 83340

Phone: (208) 726-7805 • Fax: (208) 726-7812

Paid-on-Call Firefighter Hiring Process

Thank you for your interest in joining the Ketchum Fire Department. We are an organization that prides itself in helping people, with professionalism and compassion. Becoming a firefighter is a lot of work, but, as our members can attest, it is one of the most exciting and rewarding jobs there is.

The Paid-on-Call Firefighter position entails responding to emergency incidents, assisting with public events and participating in initial and on-going training. The Ketchum Fire Department is responsible for mitigating and working to prevent fire and EMS emergencies. Our scope of responsibilities includes, but is not limited to, the following:

- Structural firefighting
- EMS response
- Backcountry rescues, including technical rope and avalanche rescues
- Auto extrication
- Wildland firefighting
- Swift water and ice rescues
- Hazardous materials incidents
- Animal rescue
- Service calls involving hazards to people, property or the environment

There are eligibility requirements and a selection process for individuals who wish to become a Firefighter for the City of Ketchum. The Ketchum Fire Department is looking for individuals who, through their personal attributes, available time commitment, and ability to learn, will help us meet our vision of providing effective response and care to our community. No experience is necessary – we provide the pertinent training. The Ketchum Fire Department takes pride in its membership and the trust we have earned from the public. We are a team and we look forward to expanding our fire family to include new members who will share in our mission of serving our community.

ELIGIBILITY REQUIREMENTS:

- Must be at least 18 years of age
- Hold a current Idaho Driver's License
- Complete a background check, without a disqualifying criminal history
- Live within the Ketchum Fire Department (KFD) fire protection or EMS district (from the Heatherlands, mid-valley, to the northern Blaine County line).
- Pass the department Physical Agility Test
- Obtain CPR certification within one year of appointment

THE APPLICATION PROCESS

Prospective firefighters need to fill out the application packet. Those meeting the minimum eligibility criteria will be offered a Physical Agility Test. Individuals who pass the fitness test will be given an interview and those selected will be sponsored to take the Fire Academy and will start out as Recruits. All Recruits will need to successfully complete the Fire Academy and pass the IFSAC Firefighter I certification to become active KFD members. As part of our Recruit Program, applicants who are hired will be permitted to participate in training and go on calls as a ride-along before and during their time in the academy.

Completed applications should be submitted to Ketchum Fire Clerk Marta Thompson, located upstairs at Ketchum City Hall, or to the on-shift Firefighters at Ketchum Station 1. We invite you to stop by for a tour of the firehouse and to talk with our on-duty firefighters about what it means to become a Paid-on-Call Firefighter. Our doors are always open to you, during the day, every day of the week.

The course schedule, job description and Physical Agility Test description located in this packet, along with this cover sheet, are for your reference – please keep them when you submit your application. Please note that a copy of your personal identification as described in the included I-9 form (Passport Photo or Driver's License and Social Security Card) is needed with your application. Additionally, you will need to complete a background check, which we will assist you with if you are selected.

FIREFIGHTER-IN-TRAINING

Applicants who are hired will be fitted for turnout gear, issued a pager and will be brought on as a Fire Recruit. Recruits train alongside our members and can respond on incidents as a ride-along. After successful completion of the Fire Academy in May, Recruits will be sworn in as members of the Department, and can start responding on emergency incidents as a (Paid-on-Call) Firefighter.

New firefighters are on probation for the first 12 months. During this time the firefighter will need to complete the following training:

- Maintain 70% drill attendance. (Tuesday night from 5:30 to 7:30);
- Respond to a minimum of 36 emergency calls a year;
- Complete department-specific testing on inventory, procedures and terminology;
- Attend annual mandatory training –Firefighter Safety Drill, Wildland Safety Drill, and Pack Test (walk 3 miles wearing a 45-pound weight vest within 45 minutes);
- Ambulance Driver class (8 hours, done in-house, and four hours of flexible driving time); and,
- Participate in the following Tech Rescue Awareness drills a minimum of once every two years (generally offered on the second Tuesday of the month):
 - a. Avalanche Rescue (second Tuesday in January and February)
 - b. Auto Extrication (first and third Tuesday in October)
 - c. Cold Water Rescue (second Tuesday in March)
 - d. Swift Water Rescue (second Tuesday in June)
 - e. Backcountry Rescue
 - f. Wildland/Urban Interface Exercise (last Sunday in June)

Additional required training is included as part of the Academy:

- CPR Health Care Provider class (part of Academy)
- Incident Command System class (nine hours online, as part of the Academy)
- Hazardous Materials Operations class (part of the Academy)
- ISAC Firefighter I and HazMat state-certification (dates to be determined)
- S130/190 (Wildland class)

THE FIRE ACADEMY

The Fire Academy is a 190-hour class required prior to being allowed to respond as a paid-on-call firefighter with the Ketchum Fire Department. The course runs from the end of January through the end of May. The classroom sessions will generally be every Wednesday from 6:00 until 10:00 p.m., and all-day practical drills are scheduled for most (approximately) ten Saturdays from 8:00 a.m. – 5:00 p.m. Classes will be held at various locations within the county. A few of the classes and all of the homework will be conducted over the internet. A class schedule is attached to this packet. Attendance of all classes is extremely important. A successful candidate will need to budget additional time for homework and hands-on practice outside of the scheduled classroom and field scenarios. Students will be expected to come to every class on time and prepared.

SUMMARY OF INITIAL DATES

- Application deadline – Wednesday, November 30, 6:00 p.m.
- Physical Agility Test - Sunday, December 4, 4 p.m. Ketchum Station 1
- Oral Interviews – to be scheduled between December 5-9
- Notification of selection – December 9
- Cadet orientation – Tuesday, December 13, 5:30 –7:30 p.m., Ketchum Station 1
- First Class – Date to be announced, likely Wednesday, January 18 or 25 from 6-10 p.m., Ketchum Station 2 (mid-valley)

The ability to serve the community as a Paid-on-Call Firefighter for the Ketchum Fire Department is a very fulfilling and exciting challenge. Being part of a highly motivated emergency response team that handles everything from structure fires and medical emergencies to back country rescues, wildland fires and motor vehicle collisions, is an experience like no other.

If you have any questions, please contact Ketchum's Fire Training Officer, Senior Lieutenant Tory Frank at 726-7805 (tcanfield@ketchumfire.org) or stop by Ketchum Station 1. Thank you again for your interest in joining our team of dedicated firefighters. We wish you luck with the hiring process and we look forward to meeting you!

**KETCHUM FIRE DEPARTMENT
PHYSICAL AGILITY TEST
FOR HIRING PAID-ON-CALL FIREFIGHTERS**

The purpose of the physical agility test is to test a firefighter candidate's fitness and skill with regard to the tasks of firefighting. Passing of the Physical Agility Test events is a minimum standard. The test is to be set up the same way for all individuals in the manner described herein. The following rules shall apply:

The order of the events does not matter. Examinees may rest for up to five minutes between events. All individuals will wear a weight vest with 45 pounds over their personal attire. Proper footwear is necessary. Individuals who fail an event shall have five minutes to rest and may retest that event. If they fail the event a second time, they fail the physical agility test and may not complete the other stations.

In order to test, the candidate's vitals need to be: **blood pressure <160/100 and heart rate <110 beats per minute**. Candidates who would like to find out what their normal blood pressure might be, are welcome to come by the station any time for a blood pressure check. If their vitals do not meet the parameter, they will be allowed to sit and rest for five minutes before having their vitals rechecked.

EVENTS

Event Number 1 - EQUIPMENT CARRY

SIMULATES: Advancing equipment into a building at a fire scene. Tests balance, awareness of body position and movements, lifting strength and stamina.

PROCEDURE:

1. Monitor at the start line will read the instructions for the Equipment Carry to the examinee/s.
2. Examinee will begin behind the line, measured at 25' from the base of the stairs (entrance to tool room). At the start signal the examinee will:
 - pick up the **hose bundle**,
 - carry it to the top of the stairs (29 steps),
 - drop it on the landing, and
 - walk, empty-handed, down the steps and across the starting line,
 - then walk up to the top of the steps,
 - pick up the bundle, and
 - carry it across the start line and pick up next item, **5 gallon foam bucket**,
3. Examinee then repeats the procedure with the foam bucket and then the **airpack suitcase**.

NOTE: Examinee may not run during any portion of this event. All steps must be used on the way up and the way down.

SCORING: Monitor at the start line will time the examinee with a stopwatch, beginning at the monitor's "go" and ending when the examinee returns to the start line and drops the last item over the line. Score is the total time to complete the event. **Maximum time permitted for this event is five (5) minutes**

Event Number 2 - SIMULATED RESCUE

SIMULATES: Rescue of an injured person at the scene of a fire

PROCEDURE:

1. Monitor at the start line will read the instructions for the Simulated Rescue to the examinee/s.
2. At the start signal, the examinee will use a hose strap to drag the rescue dummy from the start line around the cone and back to the starting line.
3. Time ends when rescue dummy is completely over the starting line.

NOTE: Examinee may not carry the rescue dummy.

SCORING: Monitor will time the examinee with a stopwatch, beginning at the monitor's "go" and ending when the examinee returns to the start line and drags the dummy completely over the line. Score is the total time to complete the event.

Maximum time permitted for this event is fifty (50) seconds.

Event Number 3 - Hose Pull

SIMULATES: Pulling hose lengths or equipment to upper floors at the scene of a fire.

SETUP: The examinee and monitor will be positioned at the railing of the third floor balcony. Beneath the balcony on the ground will be 100' of 2 ½" hose with nozzle attached. The hose will be lying loose on the ground, unbound. A utility line will be tied securely to the nozzle up to and through the third story railing.

PROCEDURE:

Monitor at the start will read the instructions for the Hose Pull to the examinee/s.

1. At the start signal, the examinee will begin pulling the utility line (alternating with left and right hands) while standing in the original starting position.
2. Continue pulling until the nozzle is pulled up to the third floor and over the hose roller.
3. Grasp the nozzle and hose in the same manner as the utility line, and continue pulling the first 50' of hose up and over the balcony.
4. Place the nozzle on the finish spot marked on the landing.

Maximum time permitted for this event is 45 seconds.

Event Number 4 - Ladder Climb

SIMULATES: Climbing ladders to affect a rescue, conduct roof operations or conduct other fire ground tasks.

SETUP: A 24-foot ladder will be positioned and tied off to the balcony at City Hall. Examinee will climb to the top of the ladder ensuring that at least one hand is firmly in contact with the ladder at all times. There is no time limit for this station. The examinee is being tested on comfort level while climbing the ladder. This station is meant as a gauge to identify if candidate is acrophobic.

Event Number 5 - Mask Fit Test

SIMULATES: Operating with a self-contained breathing apparatus in areas that may be tight, dark and/or an IDLH environment.

SETUP: Candidates will be fitted for a face piece and will don the face piece and breathe air through a self-contained breathing apparatus (SCBA). This station is meant as a gauge to identify if candidate is claustrophobic.

KETCHUM FIRE Firefighter Applicant's Checklist

Applicant's Name: _____ **Date:** _____

Applicant: Please review this checklist before submitting your application and retain the following information sheets for your reference: cover letter, job description, physical agility description and academy schedule.

- _____ 1. City of Ketchum Application
- _____ 2. Ketchum Fire Department Questionnaire
- _____ 3. Driver Insurance Information Form
- _____ 4. I-9 Citizenship Verification – *Be sure to include a copy of the proper documentation (for example: a copy of your current passport; or, a copy of both your driver's license and your social security card).*
- _____ 5. Emergency Contact Information
- _____ 6. At-Will Employment Statement
- _____ 7. Disability Policy Beneficiary Card

Completing the forms listed below is optional at time of application; however, completion of the forms listed below will be required at time of appointment.

- _____ 8. W-4
- _____ 9. Direct Deposit Form (if you are interested, if not then leave blank)
- _____ 10. Background Check
- _____ 11. Employee Handbook Acknowledgement of Receipt
Sign: _____ Date: _____
- _____ 12. Infections Control Policy *Exposure Control Plan*
Acknowledgement of Receipt
Sign: _____ Date: _____

**Check next to item as it is filled in candidate's permanent folder*



City of Ketchum

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
First Name:		Last Name:	
Mailing Address:			
City:		State:	Zip:
Physical Address:			
City:		State:	Zip:
Phone Number:		Email Address:	
Have you ever been convicted of a violation of the law other than a minor traffic violation? <input type="radio"/> Yes <input type="radio"/> No			
Are you eligible to work in the United States? <input type="radio"/> Yes <input type="radio"/> No			
Are you over 18 years of age? <input type="radio"/> Yes <input type="radio"/> No			
Do you have a valid driver's license? <input type="radio"/> Yes <input type="radio"/> No			
Can you speak a foreign language? <input type="radio"/> Yes <input type="radio"/> No			
If yes, which language?			
Upload Your Resume			
POSITION INFORMATION			
Which position are you applying for?			
Type of employment desired: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary/Summer <input type="radio"/> Internship			
Salary desired:			
Hours of work (per week) desired:			
When are you available for employment?			
How did you hear about the position?			
EDUCATION			
High School:	Last Year Completed: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Major Studies:	Athletics or Other Activities:
College:	Last Year Completed: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Major Studies:	Athletics or Other Activities:
Other:			
Do you have any of the following certifications? <input type="radio"/> CPR <input type="radio"/> AED <input type="radio"/> First Aid <input type="radio"/> Lifeguard			
Are you an experienced operator of any business/plant machines or equipment? Please list.			

EMPLOYMENT HISTORY (from most recent)	
Company:	Position:
Address:	
Supervisor:	Phone Number:
Dates Employed:	Salary:
Responsibilities:	
Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No	
Company:	Position:
Address:	
Supervisor:	Phone Number:
Dates Employed:	Salary:
Responsibilities:	
Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No	
Company:	Position:
Address:	
Supervisor:	Phone Number:
Dates Employed:	Salary:
Responsibilities:	
Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No	
REFERENCES	
Please list three professional references.	
Full Name:	Relationship:
Company:	Phone Number:
Full Name:	Relationship:
Company:	Phone Number:
Full Name:	Relationship:
Company:	Phone Number:
DISCLAIMER & SIGNATURE	

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired, I may be released from employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test and a background check as a condition of employment and that continued employment may be based on the successful completion of similar tests.

Your electronic signature below indicates your agreement with the following statements: By typing my name in the following box and clicking submit button, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature of Applicant: _____ Date: _____

FIREFIGHTER CANDIDATE'S QUESTIONNAIRE

Please answer the following questions:

How long have you lived in the valley? _____

What is your physical/street address? _____

How long have you lived at this address? _____

Do you know any Firefighters? _____

If so, then whom? _____

Please explain how you would have a positive impact on the Ketchum Fire Department.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

**3-D Barcode
Do Not Write In This Space**

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security 		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

KETCHUM FIRE DEPARTMENT
EMERGENCY CONTACT INFORMATION

Firefighter's Name: _____

Today's Date: _____ / _____ / _____

Emergency Contact's Name: _____

Emergency Contact's Physical Address (No P.O. Boxes) –

Street: _____ Apt: _____ Phone 1: (____) _____

City: _____ State: _____ Phone 2: (____) _____

Relationship to Firefighter: _____

STATEMENT OF AT-WILL EMPLOYMENT, AUTHORIZATION AND
CERTIFICATION

I understand that neither this application nor any written personnel procedure manual or employee handbook is an express or implied contract of permanent employment. I further understand that if I am employed, my relationship with the City of Ketchum ("City") will be "at-will" and for an unspecified term and that the City and I will each have the right to terminate the employment relationship at any time, with or without cause or advance notice.

I hereby authorize any and all listed references, former schools, employers, and their agents and employees to answer all questions or release any information regarding my employment or educational experiences with them. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

If employed, I further authorize the City to release to any person, firm, entity or organization with whom I may seek employment in the future, any truthful information concerning my work experience with the City. I hereby release and hold the City harmless from any claim for releasing any truthful information within its knowledge and/or records.

All of the information provided by me in this application and any interview with the City is true and correct. I understand that misrepresentations or omissions are grounds for immediate termination.

I have received a copy of this statement of at-will employment, authorization and certification. I have had an opportunity to have my questions about its content and intent answered and understand its terms.

Date

Date

Signature of Applicant

Signature of Witness

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____
 Member's /Employee's Name _____
 Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A

Specifying Beneficiaries

(SAMPLE)

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lea Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2016</h1>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Authorization Agreement for Direct Deposits Payroll (Credits)

Authorizations agreement for Direct Deposits Payroll (ACH Credits)

I _____ hereby authorize The City of Ketchum, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ___Checking___ Savings account (select one) indicated below and the depository named below, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

