



## Frederick-Firestone Fire Protection District Employment Application

*Applications are considered without regard to race, color, religion, sex,  
Nation origin, age, marital or veteran status, or the presence of a  
non-job-related medical condition or handicap.*

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?	YES:	NO:
ARE YOU 18 YEARS OF AGE OR OLDER?	YES:	NO:

<b>POSITIONS APPLIED FOR</b> <small>(PLACE AN "X" NEXT TO EACH POSITION YOU ARE APPLYING FOR)</small>	
<small>*PLEASE VISIT THE DISTRICT'S WEBSITE FOR A LISTING OF CURRENT OPEN POSITIONS</small>	
AUXILARY MEMBER POSITION _____	CADET (VOLUNTEER) POSITION _____
RESERVE EMT/FIREFIGHTER _____	RESERVE PARAMEDIC/FIREFIGHTER _____
PART-TIME EMT/FIREFIGHTER _____	PART-TIME PARAMEDIC/FIREFIGHTER _____
FULL-TIME EMT/FIREFIGHTER _____	FULL-TIME PARAMEDIC/FIREFIGHTER _____
LIEUTENANT _____	SOLE FUNCTION PARAMEDIC _____
BATTALION CHIEF _____	DIVISION CHIEF _____
CAPTAIN	OTHER: _____

DATE YOU CAN START	
MONTHLY SALARY DESIRED (IF APPLICABLE)	\$ _____ PER MONTH

HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE?	YES:	NO:
IF YES, POSITION APPLIED FOR:		
HAVE YOU EVER WORKED AT THIS ORGANIZATION BEFORE?	YES:	NO:
IF YES, WHAT POSITION?		
WHEN WERE YOU EMPLOYED AT THIS ORGANIZATION?		
REASON FOR LEAVING:		
NAME OF LAST SUPERVISOR:		
HOW WERE YOU REFERRED TO THIS ORGANIZATION?		

## EDUCATION

NAME OF HIGH SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DID YOU GRADUATE?      YES \_\_\_\_\_      NO \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COLLEGE MAJOR/MINOR: \_\_\_\_\_

DID YOU GRADUATE?      YES \_\_\_\_\_      NO \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_

OTHER EDUCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SUBJECT STUDIED: \_\_\_\_\_

DID YOU GRADUATE?      YES \_\_\_\_\_      NO \_\_\_\_\_

DEGREE/CERTIFICATE RECEIVED: \_\_\_\_\_

<b>COLORADO / IFSAC CERTIFICATIONS</b>		
	STATE CERTIFICATION NUMBER	IFSAC CERTIFICATION NUMBER
FIREFIGHTER I EXPIRES: _____		
FIREFIGHTER II EXPIRES: _____		
HAZMAT OPERATIONS EXPIRES: _____		
HAZMAT TECHNICIAN EXPIRES: _____		
DRIVER/OPERATOR EXPIRES: _____		
DRIVER/OPERATOR PUMPER EXPIRES: _____		
DRIVER/OPERATOR AERIAL EXPIRES: _____		
FIRE INSTRUCTOR I EXPIRES: _____		
FIRE OFFICER I EXPIRES: _____		
FIRE OFFICER II EXPIRES: _____		
FIRE OFFICER III EXPIRES: _____		

<b>EMS CERTIFICATIONS</b>		
	CERTIFICATION NUMBER	EXPIRATION DATE
STATE EMT		
STATE PARAMEDIC		
NATIONAL REGISTRY		
CPR	N/A	
ACLS (IF PARAMEDIC)	N/A	
OTHER:		
OTHER:		
OTHER:		
OTHER:		

**OTHER “CERTIFICATIONS” - NOT PREVIOUSLY LISTED**

*\*PLEASE LIST OTHER “CERTIFICATIONS” SEPARATED BY COMMAS. FOR EXAMPLE, NWCG COURSE CERTIFICATIONS, OTHER STATE CERTIFICATIONS, OTHER EMS CERTIFICATIONS, INSPECTOR AND INSTRUCTOR CERTIFICATIONS. PLEASE DO NOT LIST “CLASSES” THAT YOU HAVE TAKEN FOR CONTINUING EDUCATION.*

OTHER CERTIFICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

*\*LIST LAST THREE EMPLOYERS, BEGINNING WITH CURRENT OR MOST RECENT*

1<sup>ST</sup> EMPLOYER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR?      YES \_\_\_\_\_      NO \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2<sup>ND</sup> EMPLOYER; \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY; \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

START DATE; \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE; \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_

DESCRIPTION OF WORK; \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3<sup>RD</sup> EMPLOYER; \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY; \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

START DATE; \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE; \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_

DESCRIPTION OF WORK; \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES**

*\*LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR*

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

**SERVICE RECORD** *(IF APPLICABLE)*

BRANCH OF SERVICE: \_\_\_\_\_

PRESENTLY IN RESERVES OR BRANCH?      YES \_\_\_\_\_      NO \_\_\_\_\_

RANK OBTAINED: \_\_\_\_\_

DISCHARGE DATE: \_\_\_\_\_      DATE OBLIGATION ENDS: \_\_\_\_\_

**SPECIAL QUESTIONS**

ARE YOU A UNITED STATES CITIZEN?      YES \_\_\_\_\_      NO \_\_\_\_\_

ARE YOU ABLE TO PERFORM EACH OF THE PRIMARY DUTIES AND RESPONSIBILITIES FOR THE POSITION WITH OR WITHOUT AN ACCOMMODATION?      YES \_\_\_\_\_      NO \_\_\_\_\_

IF YOU CAN PERFORM THE PRIMARY DUTIES AND RESPONSIBILITIES FOR THE POSITION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATIONS *(IF APPLICABLE)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT FOREIGN LANGUAGES CAN YOU SPEAK? \_\_\_\_\_

WHAT FOREIGN LANGUAGES CAN YOU WRITE? \_\_\_\_\_

WHAT FOREIGN LANGUAGES CAN YOU READ? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE: \_\_\_\_\_

*\*YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.*

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION(S). I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE ORGANIZATION AND TO RELEASE THE ORGANIZATION, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). YES \_\_\_\_\_ NO \_\_\_\_\_

## AUTHORIZATION

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE ORGANIZATION’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE ORGANIZATION’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE ORGANIZATION. I UNDERSTAND THAT NO ORGANIZATION REPRESENTATIVE OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_