

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:	RELATIONSHI	P:

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

POSITIONS APPLIED FOR (PLACE AN "X" NEXT TO EACH POSITION YOU ARE APPLYING FOR)	
*PLEASE VISIT THE DISTRICT'S WEBSITE FOR A LISTING OF CU	RRENT OPEN POSITIONS
AUXILARY MEMBER POSITION	CADET (VOLUNTEER) POSITION
RESERVE	RESERVE
EMT/FIREFIGHTER	PARAMEDIC/FIREFIGHTER
PART-TIME EMT/FIREFIGHTER	PART-TIME PARAMEDIC/FIREFIGHTER
FULL-TIME EMT/FIREFIGHTER	FULL-TIME PARAMEDIC/FIREFIGHTER
LIEUTENANT	CAPTAIN
BATTALION CHIEF	DIVISION CHIEF
ADMINISTRATIVE ASSISTANT	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 THI	S 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 RECEI	VED:		

COLORADO / IFSAC CERTIFICATIONS		
	STATE CERTIFICATION NUMBER	IFSAC CERTIFICATION NUMBER
FIREFIGHTER I		
EXPIRES:		
FIREFIGHTER II		
EXPIRES:		
HAZMAT OPERATIONS		
EXPIRES:		
HAZMAT TECHNICIATION		
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:		

EMS CERTIFICATIONS		
	CERTIFICATION NUMBER	EXPIRATION DATE
STATE EMT		
STATE PARAMEDIC		
NATIONAL REGISTRY		
CPR	N/A	
ACLS (IF PARAMEDIC)	N/A	
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 ST EMPLOYER <u>;</u>		
STREET ADDRESS:		
CITY;	_STATE:	_ZIP <u>:</u>
START DATE <u>;</u>	END DATE:	
JOB TITLE <u>;</u>		
BEGINNING SALARY:	ENDING SALARY;	
MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR:		
SUPERVISOR PHONE:		
DESCRIPTION OF WORK;		
REASON FOR LEAVING:		

2 ND EMPLOYER;		
STREET ADDRESS:		
CITY;	STATE:	ZIP:
START DATE <u>;</u>	END DATE:	
JOB TITLE <u>:</u>		
BEGINNING SALARY:	ENDING SALARY;	
MAY WE CONTACT YOUR SUPERVISOR?	YES NO	
NAME OF SUPERVISOR:		
SUPERVISOR PHONE:		
DESCRIPTION OF WORK;		
REASON FOR LEAVING:		
3 RD EMPLOYER;		
STREET ADDRESS:		
CITY <u>;</u>	STATE:	ZIP:
START DATE <u>;</u>	END DATE <u>:</u>	
JOB TITLE <u>;</u>		
BEGINNING SALARY:	ENDING SALARY;	
MAY WE CONTACT YOUR SUPERVISOR?	YES NO	
NAME OF SUPERVISOR:		
SUPERVISOR PHONE:		
DESCRIPTION OF WORK <u>;</u>		
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:
DISHARGE 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 (<i>IF APPLICABLE</i>):

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: