



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:

POSITIONS APPLIED FOR <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 _____	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 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: _____

COLORADO / IFSAC CERTIFICATIONS		
	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: _____		

EMS CERTIFICATIONS		
	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*

1ST EMPLOYER: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
START DATE: _____ END DATE: _____
JOB TITLE: _____
BEGINNING SALARY: _____ ENDING SALARY: _____
MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____
NAME OF SUPERVISOR: _____
SUPERVISOR PHONE: _____
DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

2ND EMPLOYER; _____

STREET ADDRESS: _____

CITY; _____ STATE: _____ ZIP: _____

START DATE; _____ END DATE: _____

JOB TITLE; _____

BEGINNING SALARY: _____ ENDING SALARY: _____

MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____

NAME OF SUPERVISOR: _____

SUPERVISOR PHONE: _____

DESCRIPTION OF WORK; _____

REASON FOR LEAVING: _____

3RD EMPLOYER; _____

STREET ADDRESS: _____

CITY; _____ STATE: _____ ZIP: _____

START DATE; _____ END DATE: _____

JOB TITLE; _____

BEGINNING SALARY: _____ ENDING SALARY: _____

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: _____

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 *(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: _____