

NORTHEAST TELLER COUNTY FIRE PROTECTION DISTRICT Application for Employment

1010 Evergreen Heights Dr. 719-687-1866 Tel.
Woodland Park, CO 80863 719-687-1885 Fax



FOR OFFICE USE ONLY

Received By: _____

Date: _____

Copied To: _____

Pages: _____

Date Submitted: _____

Position Desired: _____

The Northeast Teller County Fire Protection District is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis of race, color, age, sex, religion, disability, national origin, veteran status, or status in any other protected group. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all the questions. Resumes may be attached, but will not be accepted in lieu of a completed application. This application has six (6) pages. Incomplete applications will be rejected. Please call NETCFPD for assistance at (719)-687-1866.

Position Desired (Check ONLY ONE. Refer to position posting for applicable classification):

☐ Full Time ☐ Part Time Substitute

Date you can start: _____ Salary Desired: _____ Referred by: _____

Name: _____
Last First Middle

Present Address: _____
Street and Number City State Zip

Mailing Address: _____
Street and Number City State Zip

Contact Telephone Number: Day: _____ Evening: _____ Alternate: _____

Have you worked for the Northeast Teller County Fire Protection District before? ☐ Yes ☐ No

If yes, please give dates and position: _____

Do any relatives by blood, marriage, or adoption work for the Northeast Teller County Fire Protection District or serve in an elected or appointed position for the District? ☐ Yes ☐ No

If yes, list name(s), department(s) and relationship(s): _____

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? ☐ Yes ☐ No

If yes, please give the date(s) and details (provide an attachment if necessary): _____

NOTE: Answering "Yes" to this question does not constitute an automatic disqualification for employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

(Do not include minor traffic citations and arrests or convictions, which have been sealed or expunged in answering this question.)

Education:

School Name and Location	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience and Skill
High School/GED:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade/Correspondence:				
Other:				

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give company/firm name and furnish business references.

Employment History	
Current or most recent employer:	Phone:
Address:	
Your title:	
Employment Dates From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	
Exact reason for leaving:	
May we contact this employer if you are considered for the position? ☐ Yes ☐ No	
Employer:	Phone:
Address:	
Your title:	
Employment Dates From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	
Exact reason for leaving:	
May we contact this employer if you are considered for the position? ☐ Yes ☐ No	
Employer:	Phone:
Address:	
Your title:	
Employment Dates From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	

Exact reason for leaving:	
May we contact this employer if you are considered for the position? ☐ Yes ☐ No	
Employer:	Phone:
Address:	
Your title:	
Employment Dates From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	
Exact reason for leaving:	
May we contact this employer if you are considered for the position? ☐ Yes ☐ No	

Please explain fully any gaps in your employment history (provide an attachment if necessary):

Have you ever been terminated from a job or asked to resign? ☐ Yes ☐ No If yes, please explain the circumstances:

Please indicate actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

What machines or equipment can you operate that are related to the job for which you are applying?

Do you have a valid driver's license? ☐ Yes ☐ No Do you have current automobile insurance? ☐ Yes ☐ No
 Driver's License Number: _____ Class: _____ State: _____ Expiration Date: _____
 Have you had your driver's license suspended or revoked in the last 3 years? ☐ Yes ☐ No If yes, please provide details:

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.):

Have you worked or attended school under any other names? ☐ Yes ☐ No If yes, give names:

If hired, can you furnish proof that you are 18 years of age or older? ☐ Yes ☐ No
(If you are hired, you may be required to submit proof of age for insurance reasons.)

If hired, can you furnish proof you are eligible to work in the U.S.? ☐ Yes ☐ No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

Do you have adequate transportation to and from work? ☐ Yes ☐ No

References

Please list three professional references, preferably those who can speak to your work experience and knowledge.

Name	Relation	Address	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature

Date

I certify that all information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that specific positions at the Northeast Teller County Fire Protection District may require me to provide evidence of an acceptable driving record.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references and result of background check. I hereby consent to a pre- and/or post-employment drug screen/alcohol screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

If employed, I agree to abide by all policies, regulations and guidelines established by the Northeast Teller County Fire Protection District.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE BOARD OF DIRECTORS THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read and understand the AFFIDAVIT, CONSENT AND RELEASE and by my signature consent to these statements:

Signature

Date

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