

## APPLICATION FOR EMPLOYMENT

INSTR	<p>Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. <b>PLEASE PRINT</b>, except for signature in affidavit section of application.</p>																								
PERSONAL DATA	<p>Job Applied For: _____ Today's Date: _____                  Type of employment you are seeking: Full Time _____ Part Time _____ Temporary or Seasonal _____</p> <p>When can you start work? _____</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">First Name</td> <td style="width: 25%;">Middle Name</td> <td style="width: 25%;">Telephone Number</td> </tr> <tr> <td colspan="2">Present Street Address</td> <td>City</td> <td>State</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>Zip Code</td> </tr> </table> <p>Answer the appropriate question checked below:                  Are you 18 years of age or older? Yes _____ No _____</p> <p>Date of Birth _____ (for job with minimum age requirements)                  If you are applying for a job with minimum age requirements you may be required to submit proof of age.</p> <p>Social Security # _____</p> <p>Are you a citizen of the United States or do you have a valid work permit? Yes _____ No _____</p>	Last Name	First Name	Middle Name	Telephone Number	Present Street Address		City	State				Zip Code												
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			Zip Code																						
MILITARY	<p>Military Status: Active Duty Service From _____ To _____                  Branch of Service _____                  Service Duties/ Special Training _____                  Are you a member of a Reserve organization? Yes _____ No _____</p>																								
GENERAL	<p>Were you ever employed here? _____ If yes, when? _____                  Have you ever applied here before? _____ If yes, when? _____                  Have you missed any work during the past six months? _____ If yes, how much? _____                  Are you now or do you expect to be engaged in any other business or employment? _____                  If yes, please explain: _____</p> <p>Of what clubs, organizations, civic or other groups have you been a member in the last five years? (List offices held.) (Exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, national origin or ancestry of it's members.)</p>																								
EDUCATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Highest Grade Completed</td> <td style="width: 30%;">Did You Graduate?</td> <td style="width: 40%;">Date</td> </tr> <tr> <td colspan="3">Name, Address &amp; Location of School: _____</td> </tr> <tr> <td colspan="3">High School (or GED): _____</td> </tr> <tr> <td colspan="3">College or University: _____</td> </tr> <tr> <td colspan="2">College Major: _____</td> <td>Degree: _____</td> </tr> <tr> <td colspan="3">Additional Educational and/or Vocational or Technical Training Information: _____</td> </tr> <tr> <td colspan="3">Name, Address &amp; Location of School: _____</td> </tr> <tr> <td>Courses taken: _____</td> <td>Completed: _____</td> <td>Date: _____</td> </tr> </table>	Highest Grade Completed	Did You Graduate?	Date	Name, Address & Location of School: _____			High School (or GED): _____			College or University: _____			College Major: _____		Degree: _____	Additional Educational and/or Vocational or Technical Training Information: _____			Name, Address & Location of School: _____			Courses taken: _____	Completed: _____	Date: _____
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An Equal Opportunity Employer – Male/Female

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HEALTH	Would you take a physical examination if required? Yes _____ No _____
SPECIAL SKILLS	<p>If you are an experienced operator of any business or plant machines or equipment, please list:</p> <p>Do you have any other skills you wish to mention?</p>
INVESTIGATIVE CONSUMER REPORT	In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.
AFFIDAVIT	<p>I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and any indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.</p> <p>Signature _____ Date: _____</p>
COMPANY USE ONLY	<p><b><u>DO NOT WRITE BELOW THIS LINE</u></b></p> <p>Disposition _____ Date Employed _____ Starting rate _____ per _____</p> <p>Job Classification _____ Dept. _____ Emp. # _____</p> <p>Interviewed By: _____ Interviewer's remarks and recommendations: _____</p> <p>_____</p> <p>Application information checked by: _____ Date : _____</p> <p>Notes:</p>

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**References:**

List five persons who know you well enough to provide current and past information about you. Do not list relatives or former employers.

<b>Name:</b>
Address:
Residence Phone: <span style="float: right;">Bus. Ph.:</span>
Years known:
<b>Name:</b>
Address:
Residence Phone: <span style="float: right;">Bus. Ph.:</span>
Years known:
<b>Name:</b>
Address:
Residence Phone: <span style="float: right;">Bus. Ph.:</span>
Years known:
<b>Name:</b>
Address:
Residence Phone: <span style="float: right;">Bus. Ph.:</span>
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<b>Name:</b>
Address:
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Years known:

**Employment History**

Begin with your present or most recent job and list your complete work record. List dates in proper sequence. When listing military service, give name and rank of last immediate superior.

<b>Employer Name:</b>	<b>From:</b>	<b>To:</b>
Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		
<b>Employer Name:</b>	<b>From:</b>	<b>To:</b>
Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		
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Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		
<b>Employer Name:</b>	<b>From:</b>	<b>To:</b>
Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		

Have you ever been discharged or asked to resign from any position or employment? Yes \_ No\_  
 If yes, explain in detail:

List your reasons for applying for this position:

Have you had any prior fire service training? Yes \_\_\_ No \_\_\_  
 If yes, please list training below:

**Residence History**

List all addresses where you have lived during the past 3 years. Do not list your present address. Account for all the time starting with the most recent address.

<b>Address:</b>	<b>From:</b>	<b>To:</b>
With whom did you reside?		
If rental, give name and address of landlord:		
<b>Address:</b>	<b>From:</b>	<b>To:</b>
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**Personal Financial History**

Have you ever had to file for bankruptcy? Yes \_\_\_ No \_\_\_

If yes, explain below:

**Organizational Membership**

Are you now or have you ever been a member of any organization, movement, or group which advocates or approves the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States or the State of Colorado, by any unlawful or unconstitutional means? \_\_\_\_\_

**Arrest Information**

Have you ever been arrested, detained by law enforcement, or summoned into court? \_\_\_\_\_

If yes, complete the following information (list juvenile as well as adult occurrences).

<b>Date:</b>
Crime charged:
Police agency, city and state:
Disposition of case:
<b>Date:</b>
Crime charged:
Police agency, city and state:
Disposition of case:

Were you disciplined while in the military service? \_\_\_\_\_

If yes, complete the following:

<b>Date:</b>
Crime charged:
Military agency, city and state:
Disposition of case:
<b>Date:</b>
Crime charged:
Military agency, city and state:
Disposition of case:

**Traffic History**

If applicable, list all traffic citations for the past 5 years:

<b>Month/Year:</b>
Charge:
City and State:
Disposition:
<b>Month/Year:</b>
Charge:
City and State:
Disposition:
<b>Month/Year:</b>
Charge:
City and State:
Disposition:
<b>Month/Year:</b>
Charge:
City and State:
Disposition:

**Liquor and Narcotics**

Describe in your own words your use of intoxicating liquor or narcotics:

Have you ever used any form of drugs or narcotics other than those prescribed by your physician? \_\_\_\_\_ If yes, explain in detail:

Have you ever sold or furnished drugs or narcotics to anyone? \_\_\_\_\_ If yes, explain in detail:

**Miscellaneous**

If it became necessary in the course of your duties to risk your life, would you have any reluctance due to religious or other beliefs? \_\_\_\_\_ If yes, please explain:

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Are there any features about Fire/EMS/Hazardous Materials work which would be distasteful to you? \_\_\_\_\_ If yes, please explain:

The fire service has become highly technical in nature. This will require schooling in chemistry, physical sciences, medical and computer use. Will this be a problem for you? \_\_\_\_\_ If yes, please explain:

What phase of fire department work are you most interested in?

Fire Suppression:

EMS:

Rescue:

Haz Mat:

Do you know of anything that would disqualify you for a fire appointment or prevent you from fully discharging the duties of a firefighter? \_\_\_\_\_ If yes, please explain:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

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Signature of applicant

Date

I hereby authorize the release of information relative to my background from any previous employers or acquaintances which might be requested by the Cañon City Area Fire Protection District and which I have listed in this personal history form.

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Signature of applicant

Date

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