

# CAÑON CITY AREA FIRE PROTECTION DISTRICT

## APPLICATION FOR EMPLOYMENT ADMINISTRATION

**Read Carefully** Each question should be fully and accurately answered. This form is the basis for your background investigation, which will be conducted to determine your suitability for employment with the Canon City Area Fire Protection District. No action can be taken on this application until all questions have been answered. If a question does not apply, enter N/A in the space provided. Avoid errors by reading the directions carefully before making any entries on the form. If not enough room is available, use blank paper or the back of the sheet on which the question appears. All answers are to be printed electronically, or legibly in ink. Applications should be mailed or hand delivered to the Cañon City Area Fire Protection District, 1475 North 15<sup>th</sup> Street, Cañon City, Colorado 81212. To verify delivery and receipt of this application, contact by telephone @ 719-275-8666, five days after mailing.

<b>PERSONAL DATA</b>	Today's Date: _____  When can you start work? _____ Are you seeking full time / part time employment ? _____  _____ Last Name _____ First Name _____ Middle Name _____  Home phone _____ Work Phone _____ Cell Phone _____  _____ Present Street Address _____ City _____ State _____ Zip Code _____  Social Security # _____  Are you a citizen of the United States? Yes _____ No _____  List any other name you have been known by, and state the reason: _____
<b>MILITARY</b>	Military Status: Active Duty Service From _____ To _____ Branch of Service _____ Service Duties/ Special Training _____ Are you a member of a Reserve Organization? Yes _____ No _____
<b>GENERAL</b>	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? Yes _____ No _____ If yes, please explain: _____ 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.) _____  Would you take a physical examination and a drug-screening test if required? Yes _____ No _____

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EDUCATION

Highest Grade Completed \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

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: \_\_\_\_\_ Year Completed: \_\_\_\_\_

An Equal Opportunity Employer – Male/Female

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

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SPECIAL SKILLS	Use the space below to summarize any additional information necessary to describe your full qualifications for the position you are applying for.
REASONS FOR APPLYING	Use the space below to list your reasons for applying for this position:

## Investigative Report

In making this application for employment, it is understood that an investigation will 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, and personal characteristics.

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## Personal History:

### 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:	Bus. Ph.:
Years known:	

<b>Name:</b>	
Address:	
Residence Phone:	Bus. Ph.:
Years known:	

<b>Name:</b>	
Address:	
Residence Phone:	Bus. Ph.:
Years known:	

<b>Name:</b>	
Address:	
Residence Phone:	Bus. Ph.:
Years known:	

<b>Name:</b>	
Address:	
Residence Phone:	Bus. Ph.:
Years known:	

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## Employment History

Begin with your present or most recent job and list your complete work record, accounting for all time. 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:		
<hr/>		
<b>Employer Name:</b>	<b>From:</b>	<b>To:</b>
Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		
<hr/>		
<b>Employer Name:</b>	<b>From:</b>	<b>To:</b>
Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		
<hr/>		
<b>Employer Name:</b>	<b>From:</b>	<b>To:</b>
Phone #:		
Address:		
Duties:		
Supervisor's Name:		
Reason for leaving:		
<hr/>		
Have you ever been discharged or asked to resign from any position or employment? Yes _____ No _____ If yes, explain in detail:		

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## 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>
If rental, give name and address of landlord:		

<b>Address:</b>	<b>From:</b>	<b>To:</b>
If rental, give name and address of landlord:		

<b>Address:</b>	<b>From:</b>	<b>To:</b>
If rental, give name and address of landlord:		

## Conviction Information

Have you ever been convicted for a criminal or traffic matter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, complete the following information (list juvenile as well as adult occurrences). Whenever a report of an incident is required, be sure that you give all facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate dates or times the events took place and the names of persons or organizations involved.

<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:

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

Were you disciplined while in the military service? Yes \_\_\_\_\_ No \_\_\_\_\_

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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:

## Certification

I certify that the answers given by me on this application, relative to questions and statements, are true and correct without consequential omissions of any kind whatsoever. I agree that the District shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I hereby consent and authorize the Cañon City Area Fire Protection District to request a background investigation from any appropriate agencies. Such investigation may include credit check, arrests, convictions, other court matters, employment history, character and qualifications. I understand that any misleading or incorrect statements may render this application void, and if employed, could be cause for termination. I understand that this application does not represent any expressed or implied contract of employment.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I am applicant for employment with the Cañon City Area Fire Protection District (District) and hereby consent and authorize you to release any information related to my employment as may be requested by the authorized agents and/or representatives of the District. This Consent and Authorization shall specifically include but is not limited to, my employment history, details of my job description, hours worked, compensation, time off work as a result of injuries or illness, any information of a confidential or privileged nature, on-the-job injuries or illness and other worker's compensation information.

This Consent and Authorization shall also specifically include any mental health and medical information maintained in connection with my employment as well as any drug and alcohol testing results and related records, including any protected by Federal law 42 CFR Part 2, 45 CFR and HIPAA. I understand that the District may NOT disclose it to someone else without my permission, unless permitted by law. I may cancel this authorization before it expires by writing a letter stating that I want to cancel it. I must sign the letter, date it and have it notarized or witnessed. The letter must be received by the District. I understand that the letter will not have any effect on the uses/disclosures of any information that are made before the District receives my letter.

I hereby release and hold harmless the Cañon City Area Fire Protection District, with which I am seeking employment, together with any entity, organization, company or person furnishing information pursuant to this Consent and Authorization, from any claims or liability that may arise or result from the transfer of information authorized pursuant to this document.

Photocopies of this authorization shall be deemed as valid as the original. This Consent and Authorization for Release of Employment Information shall be valid until December 31, 2010.

Print Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_