



Application for Employment

Position(s) applying for: _____ () Full-time () Part-time

Date of application: _____

Instructions: Answer each question completely and accurately, using N/A when appropriate. DO NOT LEAVE ANY BLANKS. Incomplete applications will result in disqualification from consideration. Application must be printed using blue or black ink or typed. You are required to submit a resume with your application packet. A resume will not be accepted in lieu of the information provided below.

Applicant Information:

Full Legal Name: _____

Last Name	First Name	Middle Name
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Address: _____

Street	City	State	Zip Code
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Telephone: Home: _____ Social Security #: _____

Cell: _____ E-mail Address: _____

Please list any previously used alias or legal name: _____

Are you 18 years of age or older? () Yes () No

Are you a citizen of the United States or are you legally authorized to work in the U.S.? () Yes () No

Have you applied for a position with Tri-Lakes Monument Fire Protection District before? () Yes () No

If yes, for what position? _____ When? _____

Do you have experience serving as a Firefighter and/or Medic? () Yes () No

If yes, what agency? _____ Dates of service? _____

Have you ever been terminated from employment or been asked to resign in lieu of termination? () Yes () No

If yes, please explain. Give name of employer, dates of employment and reason for termination. _____

List any traffic violations within the last three years. Please list type of violations, dates and locations: () N/A

List any DUI's or DWAI you have received in your lifetime. Please give dates, city and state: () N/A

General Information:

Driver's License? () Yes () No State issued: _____ License #: _____ Expiration date: _____

If no, why not? _____

Has your license ever been suspended, revoked or placed on probation? _____

Have you served in the United States Armed Forces? () Yes () No

If yes, Branch of Service: _____ Active or Reserve Status: _____ Dates of Service: _____ Type of Discharge: _____

Have you ever been convicted of any crimes? _____

Your work experience is an important factor in evaluating your qualifications. Make sure to include all experience and training that may qualify you for consideration. Make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service, related volunteer service and any period of unemployment. Attach additional sheets if necessary.

Name of Employer		Job Title	
Address		City, State, Zip Code	Telephone
Employed (month/year) From	To	Salary Starting \$	Ending \$
Name of Last Supervisor			
Description of Duties Performed			
Reason for Leaving			May we contact this employer? ()Yes ()No

Name of Employer		Job Title	
Address		City, State, Zip Code	Telephone
Employed (month/year) From	To	Salary Starting \$	Ending \$
Name of Last Supervisor			
Description of Duties Performed			
Reason for Leaving			May we contact this employer? ()Yes ()No

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Description of Duties Performed		
Reason for Leaving		May we contact this employer? ()Yes ()No

Education:

If your school records are under a different name than listed on this application, enter that name here:

Include **copies** of the following documents, if applicable, with your application.

Education	Name & Location of School	Course of Study	Degree Earned
High School			
College/University			
Graduate School			
Trade/Business School			
Fire Academy			# of Hours Completed
GED			Certificate Number
Other			

Certification:

Include **copies** of the following certifications, if applicable, with your application.

Certification	Certificate Number	Expiration Date	Certification Level
Colorado EMS or NREMT			
Healthcare Provider CPR			
ACLS			
PALS/ PEPP			
Firefighter I or higher			

Professional References:

List names of persons, not related to you, whom you have known for over a year. Do not list supervisors that you have listed in the employment history section.

Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known

Personal References:

Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known

Consent and Release Agreement

I certify that the answers and information given by me in this application are true, correct and complete to the best of my knowledge. I understand that Tri-Lakes Monument Fire Protection District has the right to refuse to hire or immediately discharge me at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during the application process or my employment.

I authorize Tri-Lakes Monument Fire Protection District and its agents, including authorized third parties, to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by Tri-Lakes Monument Fire Protection District or its representatives, to release any information they have regarding me. I hereby release from liability Tri-Lakes Monument Fire Protection District and its representatives for seeking such information and all other persons, corporations or organizations for furnishing information. I authorize investigation of all information as may be necessary to arrive at an employment decision.

I agree that if I am hired by Tri-Lakes Monument Fire Protection District, I will comply with the rules, regulations, policies, procedures, and other terms and conditions of employment as set forth in the Policy & Guidelines Manual. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may be changed, interpreted, withdrawn, or added to by Tri-Lakes Monument Fire Protection District at any time, at Tri-Lakes Monument Fire Protection District's sole option and without any prior notice to me.

I understand that this application is not a contract of employment. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either Tri-Lakes Monument Fire Protection District or myself.

I understand that it is my responsibility to keep Tri-Lakes Monument Fire Protection District informed of changes in my application, including address, phone number, employment availability, or other provided information. I further understand that failure to keep any scheduled appointment without proper notice shall be considered just cause for disqualification. Should I desire to be reconsidered, it will require a new application be filed during the next application period.

After an offer of employment and prior to beginning work. The District requires "passing" of a background investigation, psychological assessment, and a pre-employment physical. I consent to the tests and examinations required and understand the Tri-Lakes Monument Fire Protection District has the right to the results listed below.

- Background investigation
- Psychological Assessment
- Medical Physical to include drug testing.

Applicant Signature

Date

Print Name (First, M.I., Last)