



Tri-Lakes Monument Fire Protection District

Employment Application

Thank you for your interest in employment with the Tri-Lakes Monument Fire Protection District.
The following information will be helpful to you when submitting your application.

Applicant Note:

This application form is intended for use in evaluating your qualifications for employment. This is not and is not intended to be an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or application process are grounds for terminating the application process or, if discovered after employment, terminating employment.

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, ancestry, religion, or the presence of any disability.

Additional testing of job-related skills may be required prior to employment.

A well-prepared application is important. Read the entire application before answering questions. Evaluation of your qualifications will be based, in large part, on the information you provide herein. Incomplete applications will not be processed.

Notice of examinations and results will be provided to the email address as well as the mailing address you provide. It is your responsibility to notify the district of any changes.

Application Packet

When submitting your application, **include copies of all required documents and certifications as specified in the job posting for the position for which you are applying.** Job postings for all open positions can be found on our website www.tlmfire.org, under "Employment" tab..

Once submitted, application packets are considered property of the TLMFPD and will not be returned. Failure to follow the instructions on the "job posting" will result in application packets not being processed.

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

Address: _____
Street City State Zip Code

Telephone: Home: _____ Work/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? () Yes () No Type of service () Paid or () Volunteer
If yes, what agency? _____ Dates of service? _____ Agency annual call volume? _____

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

Have you ever been convicted of or pled guilty to a crime, or are there any charges pending against you? () Yes () No
Please indicate: Misdemeanor () conviction () pending and/or Felony () conviction () pending
If yes, please describe the offense. Give the date, location and disposition of the charge (Include military service but exclude minor traffic violations or offenses adjudicated in juvenile court) _____

A conviction will not necessarily disqualify you from employment. Seriousness and date of conviction will be considered.

General Information:

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

Employment History:

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

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

Employment History (continued):

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

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

To document additional relevant experience print and include further copies of this page only.

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			N/A
ACLS			N/A
PALS/ PEPP			N/A
Firefighter I or higher			
Hazmat Certification			
CPAT* (Candidate Physical Ability Test)			*Required only for Firefighter positions

Additional Information:

Please explain your reasons for interest in this position and for working at Tri-Lakes Monument Fire Protection District
 Also, provide any additional information you feel may be helpful to us in considering your application:

Do you know anyone working for Tri-Lakes Monument Fire Protection District? () Yes () No, if so, who?

How did you hear about this position?

_____ TLMFPD Website _____ Fire Service Periodical _____ Other Internet Source _____ Newspaper _____ Personal Contact _____ Other

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
Name	Telephone	Occupation	Years Known

Personal References:

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



Certification & Release (read carefully before signing):

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 & Procedure 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 below 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)