

## Application for Employment

# ELK CREEK FIRE PROTECTION DISTRICT

11993 Blackfoot Rd.  
P.O. Box 607  
Conifer, CO 80433  
303-816-9385  
303-816-9376 fax

An Equal Opportunity Employer

The Administrative Staff has been designated as the compliance coordinator for disabled persons seeking employment or access to municipal services. If you are seeking an accommodation to participate in the employment process or other municipal services, please notify the Administrative Staff at the address listed below or by calling 303-816-9385. The Elk Creek Fire Protection District is an Equal Opportunity Employer.

Elk Creek Fire Protection District  
 Administrative Offices  
 11993 Blackfoot Rd.  
 P.O. Box 607  
 Conifer, CO 80433  
 303-816-9385  
 303-816-9376 – fax

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

Position applied for: \_\_\_\_\_

Are you seeking:  Full-time  Part-time  Temporary/Seasonal

## Elk Creek Fire Protection District APPLICATION FOR EMPLOYMENT

**Instructions:** Answer each question fully and accurately. Print legibly or type. Following completion of this application, review all information carefully, sign and date the application on page 4 and mail it to: **Elk Creek Fire Protection District, P.O. Box 607, Conifer, CO 80433; or fax it to 303-816-9385. Application must be received by the closing date and time for the application deadline.**

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address (if applicable) \_\_\_\_\_

Have you ever applied or worked here before:  Yes  No If yes, list when and for what position(s)?

### PERSONAL DATA

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

Are you at least 18 years of age?  Yes  No

Name(s) of relative(s) employed by the Elk Creek Fire Protection District if any; their relationship to you; and their position at the district

Have you ever committed, been convicted or plead "guilty" or "no contest" to a criminal offense?  Yes  No

If yes, give date(s) and details of the conviction. Also, if yes, indicate if you feel you have been rehabilitated and how. (Note: a "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date(s), the job for which applying, and your rehabilitation, if any, will also be considered.) \_\_\_\_\_

### EDUCATIONAL DATA

Complete this section for those positions requiring high school or high level of education. PLEASE complete sections for those schools or courses that are in excess of the educational requirement, if any, for the job applied for.

	School Name	Address	# Years Completed	Diploma/Degree/Certificate Awarded	Major or Subjects Studied
High School/GED					
College or University					
Graduate School					
Business/Trade or Other					

## CURRENT AND PREVIOUS EMPLOYMENT

List names of employers in chronological order with present (or most recent, if currently unemployed) employers listed first. **Include all employment or self-employment for the last 20 years, including any periods of unemployment.** Use an additional sheet if necessary to account for the 20-year period. **All information requested on the application MUST be completed, even if you are SUBMITTING a resume.**

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**Current or last employer** \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Title Held \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Name Title Phone

Description of Work \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Final Salary or Hourly Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If selected as a finalist for this position, are you able to provide a copy of written performance evaluations you may have received for this employment?  Yes  No If no, why? \_\_\_\_\_

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**Previous employer** \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Title Held \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Name Title Phone

Description of Work \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Final Salary or Hourly Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If selected as a finalist for this position, are you able to provide a copy of written performance evaluations you may have received for this employment?  Yes  No If no, why? \_\_\_\_\_

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**Previous employer** \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Title Held \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Name Title Phone

Description of Work \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Final Salary or Hourly Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If selected as a finalist for this position, are you able to provide a copy of written performance evaluations you may have received for this employment?  Yes  No If no, why? \_\_\_\_\_

*Note: a job offer may be contingent upon acceptable references from current and former employers.*

If offered a position here, what date would you be able to begin work? \_\_\_\_\_

Have you ever worked or attended school under another name?  Yes  No

If yes, please list that full name here: \_\_\_\_\_

May we contact your current employer for information concerning your performance and qualifications?  Yes  No

If no, why? \_\_\_\_\_

### OTHER TRAINING AND SKILLS

List any specialized training relating to the position applied for \_\_\_\_\_

List any additional skills relating to the position applied for \_\_\_\_\_

List any licenses and/or certificates relating to the position applied for \_\_\_\_\_

For those positions requiring job-related vehicle operation, complete the following information:

Driver's License Number \_\_\_\_\_

Type of License: \_\_\_\_\_

State of Issue \_\_\_\_\_

Expiration Date \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No If yes, give details \_\_\_\_\_

In the past three years, have you been convicted of, plead guilty or no contest to a traffic offense?  Yes  No If yes, give dates, location, jurisdiction, offense(s) and details \_\_\_\_\_

### NOTIFICATION AND AGREEMENT

I certify that all information provided in this employment application, including any resume(s), letter(s), or supporting document(s) submitted with this application, is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my termination (dismissal) from district employment if discovered at a later date.

I authorize the investigation and evaluation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application, to provide relevant information and opinions that may be useful in making a hiring decision. I understand I may be required to sign a district release/waiver form to authorize the district and its employees or agents to contact and conduct this investigation and evaluation with my employer(s), education or training institutions, supervisors, or other individuals or agencies, including personal references, provided by me.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a post-offer medical examination/evaluation and I consent to the release of any or all medical information as may be deemed necessary to judge my capability to perform, either with or without reasonable accommodation(s), the essential job duties of the position for which I am applying.

I understand that incomplete or missing information may disqualify me from consideration for this position.

I understand I may be required to successfully pass a drug and/or alcohol test if the position for which I am applying requires such. I hereby consent to a pre- or post-employment drug and/or alcohol testing, as may be required by the district's Member Handbook.

I understand that this application for employment is valid and shall remain valid only for the position vacancy listed on this application.

I understand that if I am not selected for this position, this application will not remain on active file and will only be retained for the period of time required by law.

I have read, (or have had read to me), understand, and by my signature consent to these statements

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***This application does not create a contract of employment.***