



# Job Application Form

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## Strasburg Fire Protection District

Position you are applying for:

- Reserve Firefighter
- Support Services
- Career Firefighter / EMT - Paramedic
- Part-Time Firefighter / EMT-  
Paramedic

# Application for Employment

**PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION**

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**Individuals hired by the Strasburg Fire Protection District 8 (“District”) are “at-will” employees, meaning the employee may terminate the employment relationship without notice at any time and for no reason; similarly, the District may terminate the employment relationship at any time for no reason, subject only to the requirements of Federal and State law. Nothing in this application alters an individual’s at-will employment.**

**The District will rely upon the truthfulness and completeness of the information you provide in this application. Any false or misleading information in, or material omission of information from, this application may result in your not being hired, or immediate termination of your employment at any point in the future if you are hired.**

**The District fully supports, and complies with, all applicable Federal, State and local laws relating to the hiring and employment of individuals. The District will not discriminate against an applicant on the basis of race, creed, color, religion, national origin, ancestry, gender, marital status, military status, age, disability, or status in any other group protected by Federal, State or local law.**

**This application automatically expires in one (1) year. You must complete and submit a new application if you want to be considered for a District position after one (1) year, or if you want to be considered for a different position.**

**By signing this application, you are acknowledging you have read, fully understand and agree to the statements contained in this section.**

**INSTRUCTIONS TO THE APPLICANT:** We deeply appreciate your interest in employment with the Strasburg Fire Protection District 8 (“District”). Please print clearly in black or blue ink, and answer each question fully and accurately. The District will not consider your application until all of the questions have been answered. Sign and date this form. Thank you for taking the time to complete this application.

## GENERAL INFORMATION

Position Applied For:	Date of Application:
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Can you perform the essential functions of the job with or without reasonable accommodation?  Yes  No

Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.

If no, please describe: \_\_\_\_\_

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)	DOB: _____	
Home: _____ Pager: _____	SSN: _____	
Cell: _____ Other: _____	e-mail: _____	

Name: \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No  
*Proof of eligibility to work in the U.S. will be required upon employment for all applicants.*

Are you over the age of twenty one?  Yes  No

Page | 3 Have you ever been employed by the District before?  Yes  No  
 If Yes, give dates: \_\_\_\_\_

Do you know anyone who works at the District?  Yes  No

If Yes, please provide name and relationship: \_\_\_\_\_

Have you ever been fired or asked to resign from a job?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Have you been convicted of, or plead no contest to a crime (other than a minor traffic offense)? A record of criminal conviction(s) will not necessarily disqualify you from employment.  Yes  No

If Yes, please explain: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE AND REFERENCES**

Start with your present or last job and explain any significant gaps in time. Include any job-related military service assignments and volunteer activities. **THIS SECTION MUST BE COMPLETED** (You may, but are not required to, attach a resume in addition to completing this Section).

I) Name and Address of Employer	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Telephone: ( )	Work Performed:					
Job Title:						
Name of Supervisor:						

II) Name and Address of Employer	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Telephone: ( )	Work Performed:					
Job Title:						
Name of Supervisor:						

<b>III) Name and Address of Employer</b>	<b>From</b>		<b>To</b>		<b>Hourly Rate/ Salary</b>	<b>Reason for Leaving:</b>
	<b>Mo</b>	<b>Yr</b>	<b>Mo</b>	<b>Yr</b>		
Telephone: (    )	<b>Work Performed:</b>					
Job Title:						
Name of Supervisor:						

<b>IV) Name and Address of Employer</b>	<b>From</b>		<b>To</b>		<b>Hourly Rate/ Salary</b>	<b>Reason for Leaving:</b>
	<b>Mo</b>	<b>Yr</b>	<b>Mo</b>	<b>Yr</b>		
Telephone: (    )	<b>Work Performed:</b>					
Job Title:						
Name of Supervisor:						

Are you currently employed?  Yes  No

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

<b>Name</b>	<b>Address</b>	<b>Telephone</b>

**EDUCATIONAL BACKGROUND, IF ANY**

	<b>High School (or GED)</b>	<b>Undergraduate College/University</b>	<b>Graduate/Professional</b>
<b>School Name and Location</b>			
<b>Diploma/Degree Obtained</b>			
<b>Describe Course of Study, if applicable</b>			
<b>Describe any Job Related Certifications.</b>			
<b>State any additional information you feel may be helpful to us in considering your application.</b>			

## **SPECIAL SKILLS**

Indicate any foreign languages you can speak, read and/or write.

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	<i>Fluent</i>	<i>Well</i>	<i>Fair</i>
Speak			
Read			
Write			

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

## **DRIVER'S LICENSE/COMMERCIAL DRIVER'S LICENSE**

**NOTE: This Section should only be completed by individuals applying for a position requiring a valid driver's license or a valid commercial driver's license.**

Do you have a valid driver's license?  Yes  No  
Drivers License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

If the position for which you are applying requires a commercial driver's license, do you have a valid Colorado commercial driver's license?  Yes  No  
Commercial Driver's License # \_\_\_\_\_

Have you had your driver's license or commercial driver's license (if applicable), suspended or revoked in the last 5 years?

Yes  No

If yes, give details: \_\_\_\_\_

Have you been convicted of, or plead no contest to, Driving Under the Influence (DUI) or Driving With Ability Impaired (DWAI), or a comparable conviction under the laws of any State, within the last 10 years?  Yes  No

If yes, give details: \_\_\_\_\_

## **AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This application is not complete and will not be considered by the District unless you complete, sign and submit the attached *Authorization and Consent for Release of Information* with this Application.

**DRUG AND ALCOHOL POLICY- POST-CONDITIONAL OFFER TESTING**

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By signing this application, you acknowledge the District has a drug and alcohol policy, and agree to comply with that policy, including undergoing a drug test if the District makes a conditional offer of employment to you. You further acknowledge and agree that if you fail, or refuse to submit to, the drug test, you will not be eligible for employment with the District. You further understand that certain over-the-counter medications or prescribed drugs may result in a positive test result, and agree that you will disclose over-the-counter medications or prescribed drugs you are currently taking or have taken within the past thirty (30) days. You further agree to sign and submit to the District the attached *Post-Conditional Offer Consent to Drug Testing and Authorization To Release Medical Information*.

**APPLICANT’S CERTIFICATION AND SIGNATURE**

I certify that the answers given in this application, including any documentation submitted with or in connection with, this application are true and complete.

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**Signature of Applicant**

**Date**

**NOTICE OF BACKGROUND CHECK AND CONSUMER REPORT  
AND AUTHORIZATION/CONSENT FOR RELEASE OF INFORMATION**

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The purpose of this document is to notify you that the Strasburg Fire Protection District 8 (“District”), or an agent acting on the District's behalf, will be conducting a background check, and a consumer report may be generated, in connection with your application for employment with the District, or membership in the District's Volunteer Program, to obtain your voluntary authorization and consent to, and release of liability for, such actions.

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Last Name	First Name	Middle Name
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Please print any other names you have used

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Home Address

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City	State	Zip Code
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Social Security Number	Date of Birth / /	Age
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Driver's License Number	State Issuing	Name as it appears on license
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Colorado Commercial Driver's License Number Name as it appears on license]

I understand that in connection with the application process, the District, or its agent, may request information about me from any individual or entity (regardless of its legal form) who may have any knowledge or information about me, including all corporations, partnerships or other forms of business entities, whether for profit or not-for-profit; former employers and/or volunteer organizations; credit agencies; educational institutions; law enforcement agencies; the state, its agencies or any political subdivision; the department of motor vehicles; city, county, state and federal courts; military services; and, any person.

I have provided complete and truthful information to the District regarding all sources of information about my past, including my prior employment, volunteer service, education, licensure/certifications, driving record, criminal conviction record, and personal references, as well as any information requested in the employment/volunteer membership application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment or volunteer membership, or immediate discharge. In order to assist the District, or its agent, in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the District regarding my previous employment/volunteerism, and authorize all past employers and/or volunteer organizations, or their agents, to respond to the District's, or its agent's, verbal or written

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Name: \_\_\_\_\_

inquiries regarding my employment/volunteer record, including, but not limited to, positions held, dates of employment or volunteerism, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational institutions, vocational institutions, state agencies, or volunteer organizations I have attended or in which I have participated, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees, licenses, or certificates conferred.

3. I authorize and consent to the District or its agent contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District's, or its agent's, background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the District or its agent verifying the Social Security number I have provided upon my employment/volunteer membership with the District.

5. I authorize and consent to the District's, or its agent's, thorough investigation of whether I have a record of criminal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District's criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment/volunteer membership.

6. I hereby release and hold harmless the District, its current and past directors, officers, employees, volunteers and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization/Consent for Release of Information ("Release") and/or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, outrageous conduct, discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application for employment/volunteer membership and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District, or its agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.



7. I have carefully read this Release and voluntarily agree to its terms in order to assist the District in evaluating my qualifications for employment/volunteer membership.

8. I understand that any questions regarding this Release should be directed to the Support Services Coordinator or the Administrative Assistant.

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Signature

Today's Date

**\* For purposes of this Notice, "consumer report" means a report used to determine an individual's eligibility for employment/volunteer membership, promotion, re-assignment and periodic background checks.**

**POST-CONDITIONAL OFFER CONSENT TO DRUG TESTING  
AND AUTHORIZATION TO RELEASE OF MEDICAL INFORMATION**

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I have applied for employment with the Strasburg Fire Protection District 8 (“District”). I understand that if the District makes a conditional offer of employment to me, I must pass a drug test. In furtherance of my application for employment with the District, I hereby voluntarily and of my own free will agree to the following:

1. Upon notification by the District, I will immediately submit to, and fully cooperate with, a drug test by the District’s designated testing facility (“Testing Facility”).
2. I expressly consent to the Testing Facility taking one or more urine samples to test for illegal drugs and/or controlled substances (“Samples”).
3. I expressly authorize the Testing Facility to release the results of any test performed on the Samples to the District’s Support Services Coordinator or Administrative Assistant.
4. Unless I revoke this Authorization earlier, it will expire one (1) year after the date I sign it. I understand that if this information is disclosed to the District, the information may no longer be protected by the federal privacy regulations and may be re-disclosed and used by the District in accordance with Federal and State law.
5. The Health Information, including any Protected Health Information, authorized by me to be disclosed may be released and disclosed to the District’s Medical Review Officer (“MRO”) who may then release said Health Information to the District.
6. I hereby release and hold harmless the District, and its past and present Directors, officers, employees, agents and representatives, and any individual or entity taking, testing and reporting upon the Samples authorized by this Authorization, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract, negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future.
7. Colorado law governs this Authorization. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. I agree that in any dispute arising from or relating to this Authorization, the prevailing party shall be awarded its/his/her reasonable attorney’s fees, costs and expenses, including any attorneys’ fees, costs and expenses incurred in collecting upon any judgment, order or award. This Authorization may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.
8. I have carefully read this Authorization and voluntarily agreed to its terms and conditions.

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

\_\_\_\_\_  
Applicant