

An Equal Opportunity Employer

FORT LUPTON FIRE PROTECTION DISTRICT



1121 Denver Avenue
Fort Lupton, CO 80621

(303) 857-4603 Office
(303) 857-6619 Fax

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Attach additional sheets if you do not have enough room on the application form. **PLEASE PRINT or TYPE the information in the application using BLACK INK.** All information you give on this application will be held in strict confidence. **NOTE: Application will be rejected if not signed. A separate application must be completed for each position applied for.**

PERSONAL DATA

Last Name First Name Middle Name

Present Street Address City State Zip Code

Telephone Number Cell Phone E-Mail

Social Security Number : _____

When are you available to begin employment? _____

Would you take a physical examination, including urine screen, if it is required for the job for which you are applying?

Yes _____ No _____

GENERAL INFORMATION

Do you have a valid driver's license? Yes _____ No _____

Driver's License Number: _____ State: _____

Current Emergency Medical Services Certification/Level: _____

Current Firefighter State Certification Level: _____

Current Hazardous Materials State Certification Level: _____

Other Current State Certifications Possessed: _____

Have you ever been convicted of, plead guilty to, or plead no contest to any law offense, or are there any charges pending against you? You may omit traffic violations which you paid a fine of \$100.00 or less and adjudications in a juvenile court. Please explain. _____

Are you now or do you expect to be engaged in any other business or employment?

Yes _____ No _____ If yes, explain _____

Are you now or have you served in the military? Yes _____ No _____

Branch: _____ Status: _____ Discharge Type: _____

Dates: From: _____ To: _____

EDUCATION

Name, address and location of school	Highest grade completed	Did you graduate? GED Certificate #
High School/GED: _____		
College or University: _____ Major: _____ Degree: _____		
College or University: _____ Major: _____ Degree: _____		

Additional Educational/Vocational/Technical Training	Courses	Completed
School: _____		
School: _____		
School: _____		

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for **all** periods of time including military service, volunteer service, and any periods of unemployment. If self-employed, give firm name and supply business references. Describe the positions you held to give a clear picture of the duties you have performed. Part of the evaluation of your application may be based on your work history. If you worked in any position under another name, please give name(s).

Please give month and year for dates of employment.

1. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

2. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

3. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

4. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

5. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

6. Employer: _____	Telephone Number: _____		
Address: _____	City: _____	State: _____	Zip: _____
Position/Title: _____			
Dates Employed: Start: _____		End: _____	
Supervisor: _____			
Duties: _____			
Reason for Leaving: _____			

7. Employer: _____	Telephone Number: _____		
Address: _____	City: _____	State: _____	Zip: _____
Position/Title: _____			
Dates Employed: Start: _____		End: _____	
Supervisor: _____			
Duties: _____			
Reason for Leaving: _____			

8. Employer: _____	Telephone Number: _____		
Address: _____	City: _____	State: _____	Zip: _____
Position/Title: _____			
Dates Employed: Start: _____		End: _____	
Supervisor: _____			
Duties: _____			
Reason for Leaving: _____			

9. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

10. Employer: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Position/Title: _____

Dates Employed: Start: _____ **End:** _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

ADDITIONAL INFORMATION:

(Indicate any other factors that make you particularly suited to the position applied for that may be helpful to us in considering your application.)

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge from employment. I consent to the release of information by employers, schools, law enforcement agencies, and other authorized personnel to verify the information contained in this application. I also authorize the hiring agency to obtain information of any past criminal activities, driving history/violations, workmen's compensation claims, and sex offender registration, through a thorough background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.

Signature _____ Date _____