

Southeast Weld Fire Protection District

Phone: 303.732.4203
Email: apply@seweldfire.org



95 W. Broadway Ave.
Keenesburg, CO 80643

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Answer each question fully and accurately. No action can be taken on this application until you have answered all the questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except on signature on back of application. In reading and answering the following questions, be aware that none of the qualifications are intended to imply illegal preferences or discrimination based upon non-job-related information. **For ease of application this form is a fillable PDF.*

Job Applied for:

Today's Date:

Are you seeking: Full-time Reserve Date you are available to begin employment:

PERSONAL DATA

Last Name

First Name

Middle Name

Present Street Address

City

State

Zip

Telephone/Cell Number

Cell Phone Type/Provider

Email

Social Security Number:

***If hired, you will be required to furnish proof of your eligibility to work in the U.S.**

Would you take a physical examination, including a urine screen, if it is required for the job for which you are applying? Yes No

Have you ever applied here before? Yes No If yes, When?

Were you ever employed here? Yes No If yes, When?

Do you have any relatives working here? Yes No If yes, Who?

How did you hear about this opening?

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 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 of Service: From:

To:

****Please submit DD-214 with Employment Application***

EDUCATIONAL BACKGROUND

High School/GED

Name of School: _____ Number of years completed: _____
Location of School (city and state): _____ Did you graduate? _____

Vocational School

Non-Applicable

Name of School: _____ Number of Years Completed: _____
Location of School (city and state): _____ Did you Graduate? _____
Diploma/Degree or Certificate Earned: _____ Major or Course of Study: _____

College or University

Non-Applicable

Name of School: _____ Number of Years Completed: _____
Location of School (city and state): _____ Did you Graduate? _____
Diploma/Degree or Certificate Earned: _____ Major or Course of Study: _____

Name of School: _____ Number of Years Completed: _____
Location of School (city and state): _____ Did you Graduate? _____
Diploma/Degree or Certificate Earned: _____ Major or Course of Study: _____

Other Training or Degrees

Non-Applicable

Name of School: _____ Number of Years Completed: _____
Location of School (city and state): _____ Did you Graduate? _____
Diploma/Degree or Certificate Earned: _____ Major or Course of Study: _____

Other Relevant Courses or Military Training

Non-Applicable

Course Title: _____ Length of Course: _____ Certificate Received: _____
Course Title: _____ Length of Course: _____ Certificate Received: _____
Course Title: _____ Length of Course: _____ Certificate Received: _____

WORK HISTORY

List name 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:

ADDITIONAL INFORMATION

Have you worked or attended school under any other names? Yes No

If yes, give name(s):

Are you presently employed? Yes No

If yes, whom do you suggest we contact?

Have you ever been terminated from a job or asked to resign? Yes No

If yes, please explain:

PROFESSIONAL REFERENCES

Name	Relationship to Applicant	Phone

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to pre-and/or post-employment drug screening as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE FIRE CHIEF OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE FIRE CHIEF AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

Date: