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: _____ Todays 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: _____

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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: _____