

APPLICATION FOR EMPLOYMENT LOS PINOS FIRE PROTECTION DISTRICT

Position for which you are applying:

Job Title	
-----------	--

PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM

This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please type or complete in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume. False, incomplete, or inaccurate information is cause for disqualification or discharge.

Thank you for your interest in the Los Pinos Fire Protection District. If you need assistance in completing this application, contact our administrative office at (970) 563-9501.

PERSONAL INFORMATION

Last Name:	First:	MI:	
Social Security Number:			
Present Mailing Address:	City:	State:	Zip Code:
Street Address (if different from above):	City:	State:	Zip Code:
Home Telephone:	Business/Message Telephone:		
Do you have a valid Drivers License?	YES	NO	
Drivers License Number:	State:	Class:	Expiration Date:

GENERAL INFORMATION

Have you ever been convicted of a Felony?	YES	NO
If "yes," on a separate sheet please give date(s) and place(s), the specific charge(s), and fully explain the situation.		
Can you work legally in the United States?	YES	NO
May we contact your present employer about your work?	YES	NO
May we contact your previous employer(s) about your work?	YES	NO
List any other name under which you have been employed:		

EDUCATION

School	Name & Address of School	Course of Study	Last Year Completed	Did You Graduate?	List Diploma or Degree
High School					
College					
College					
Other (Specify)					

MILITARY SERVICE RECORD

Have you served in the U.S. Military Service?	YES	NO
If yes, list branch, dates, and skills acquired (including special training):		

EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

Employer:	From Month/Year:	To Month/Year:
Street Address:	City:	State:
Phone Number of Employer:	Job Title:	
Supervisor:	Reason for Leaving:	
Work Performed:		

Employer:		From Month/Year:	To Month/Year:
Street Address:		City:	State:
Phone Number of Employer:	Job Title:		
Supervisor:	Reason for Leaving:		
Work Performed:			

Employer:		From Month/Year:	To Month/Year:
Street Address:		City:	State:
Phone Number of Employer:	Job Title:		
Supervisor:	Reason for Leaving:		
Work Performed:			

Employer:		From Month/Year:	To Month/Year:
Street Address:		City:	State:
Phone Number of Employer:	Job Title:		
Supervisor:	Reason for Leaving:		
Work Performed:			

--

Employer:		From Month/Year:	To Month/Year:
Street Address:		City:	State:
Phone Number of Employer:		Job Title:	
Supervisor:		Reason for Leaving:	
Work Performed:			

OTHER LICENSES OR CERTIFICATIONS

Trade:	Level:
Expiration Date:	Issued By:

Trade:	Level:
Expiration Date:	Issued By:

FIRE & EMERGENCY MEDICAL EXPERIENCE

Have you ever been a member of a volunteer or on-call fire department, rescue squad, emergency medical service provider, or similar organization?		YES	NO
If "yes," Name of Organization:			
Street address:		City:	State:
Dates of service:		Supervisor:	
Reason for Leaving:			
List all related training that you have completed:			

--

ANY OFFER OF EMPLOYMENT MAY BE MADE CONTINGENT ON THE APPLICANT PASSING A JOB RELATED PHYSICAL EXAMINATION AND DRUG TEST.

It is the policy of the Los Pinos Fire Protection District to avoid both the practice and the appearance of nepotism in employment. If any relatives are members or elected Board of Directors, please list their name and family relationship to you.

Name:	Relationship:
Name:	Relationship:

EMERGENCY CONTACT

Name:	Address:	Telephone:
-------	----------	------------

AGREEMENT AND CONSENT

I certify that these answers are true and correct to the best of my knowledge.

I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with the Los Pinos Fire Protection District if I have been employed. I agree that the Los Pinos Fire Protection District will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

I hereby acknowledge that I have read and agree to the above statement.

Signature:	Date:
------------	-------

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. We are an Equal Opportunity Employer, M/F.

The Los Pinos Fire Protection District is a Drug and Alcohol Free Workplace.