



# ROCKY MOUNTAIN FIRE DISTRICT

Application for Employment

---

Applicant Information					
Last Name:		First:		M.I.:	Date:
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail Address:			
Social Security Number:					
Position Applied For:					
What date can you start?					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
If your under 21, please state age:					
Do you possess a valid Colorado driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you possess a valid commercial driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	Class: Endorsements:
Driver's License Number:		Exp Date:	CDL # and Exp:		
List traffic convictions and their assigned points which you have received for any moving violations during the past five years (60) months.					
Is your license currently restricted due to a previous conviction?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have any pending convictions?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

Education					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Certifications: List issuing agency and date of expiration	
Colorado State FFI:	Colorado State FFII:
National Registry EMT (Basic, Intermediate, Paramedic):	
Colorado State EMT (Basic, Intermediate, Paramedic):	
Wildland Fire Certifications:	
Rescue Certifications or Experience:	
Other Pertinent Certifications:	
List any special training which may be significant to Rocky Mountain Fire and the position you are applying for:	

Previous Employment:	
Current or most recent Employer:	
Address:	Phone:
Job Title:	
Responsibilities:	
Dates of Employment:	
Reason for leaving or considering leaving:	
May we contact your previous Supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give Supervisors name:
Previous Employer:	
Address:	Phone:
Job Title:	
Responsibilities:	
Dates of Employment:	
Reason for Leaving:	
May we contact your previous Supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give Supervisors name:

Previous Employer:			
Address:		Phone:	
Job Title:			
Responsibilities:			
Dates of Employment:			
Reason for Leaving:			
May we contact your previous Supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give Supervisors name:

References	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

Disclaimer and Signature	
<b>Please Read Each Statement Carefully Before Signing</b>	
<p>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 for employment and may result in my dismissal if discovered at a later date</p> <p>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.</p> <p>I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.</p> <p>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.</p> <p>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 PRESIDENT 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 PRESIDENT 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.</p> <p>I have read, understand, and by my signature consent to these statements.</p>	
Signature:	Date:

- Please provide copies of the following with your application**
1. Proof of driving insurance
  2. Driving record from State Motor Vehicle Department (must be dated within the last month)
  3. Driver's License
  4. All current certifications

**Return information to:**

4390 Eldorado Springs Drive  
 Boulder, CO 80303  
 303-494-3735  
 Fax: 303-499-8973

You may attach a resume, but it does not exclude you from filling out any part of this application.