

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 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.

Job Applied for _____ Today's Date _____

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

PERSONAL DATA

Last Name First Name Middle Name

Present Street Address City State Zip

Telephone/Cell Number Cell Phone 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, When? _____

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

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: _____

ADDITIONAL INFORMATION

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

If yes, give name: _____

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	Address	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 for employment 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 screen 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: _____