

LARKSPUR FIRE PROTECTION DISTRICT

9414 SOUTH SPRUCE MOUNTAIN ROAD
LARKSPUR, COLORADO 80118
303-681-3284

APPLICATION FOR NON-PAID EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.

PERSONAL INFORMATION:

Date: _____ Social Security No: _____

Name: _____
Last First Middle

Present Address: _____

Permanent Address: _____

Phone No. Home: (_____) _____ Work: (_____) _____

Email Address(s): _____

Are you 18 years of age or older? Yes No

Drivers License No: _____ State of Issue: _____ Expiration Date: _____

(Attach current driver's license record)

Has your driver's license been revoked in the past seven (7) years? Yes No If yes, explain:

Have you ever been convicted of, or plead guilty to, a felony or misdemeanor crime? Yes No If yes, explain:

(Conviction will not necessarily disqualify you from non-paid employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

Have you ever been terminated from a job? Yes No If yes, Why? _____

EDUCATION: Name and Location of School Last year completed Graduate? Subjects studied

High School: _____

College: _____

GED: _____

RELATED EXPERIENCE: Applicant may attach any documents to support experience, certifications or skills:

CURRENT FIRE OR EMS CERTIFICATIONS:

GENERAL:

Job Related Skills: _____

FORMER EMPLOYERS: List below all past employers, starting with the most recent. Use additional pages if necessary.

| Name and address of employer | Position | Reason for leaving |
|------------------------------|-----------|--------------------|
| From: _____ | To: _____ | |
| Name and address of employer | Position | Reason for leaving |
| From: _____ | To: _____ | |
| Name and address of employer | Position | Reason for leaving |
| From: _____ | To: _____ | |
| Name and address of employer | Position | Reason for leaving |
| From: _____ | To: _____ | |

REFERENCES: List below three persons not related to you, whom you have known at least one year.

| Name | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

You will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be accepted, if you cannot comply with these requirements.

NON-PAID EMPLOYMENT AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application (and accompanying resume, if any) is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the District.

I understand employment with the District is "at-will". Any employee may be terminated with or without cause, a statement of reasons, or a hearing, just as any employee may resign at any time, for any reason.

I understand that any employment is conditioned on a background check. I authorize the District to thoroughly investigate all statements contained in my application (and resume) and authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the District, without giving me prior notice of such disclosure. In addition, I release the District, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If employed, I agree to submit to a medical examination or drug test at any time deemed appropriate by the District and as permitted by law. I consent to such examinations and tests and I request that the examining physician disclose to the District the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the District's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the District to hire. If hired, I agree to abide by all District work rules, policies and procedures. The District retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____ Date: _____