

LARKSPUR FIRE PROTECTION DISTRICT



EMPLOYMENT APPLICATION

Version 2-3-23

All previous versions are of this application are void.

Larkspur Fire Protection District Employment Application

9414 South Spruce Mountain Road

Larkspur, Colorado 80118

303-681-3284

The Larkspur Fire Protection District (LFPD) is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including; race, color, age, sex, religion, ethnicity, disability, or national origin. 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.

By submitting an application for employment, you expressly acknowledge and understand that the LFPD, its employees or officers, and/or others acting on our behalf will conduct inquiries to validate and/or verify the information you provide. Your submission of this packet constitutes your consent as well as an express waiver and release of any and all claims related to our inquiries as well as an express waiver and release of any claims against those individuals, entities, or organizations that provide information in response to our inquiries, including your indemnification of these parties as well. (This waiver and consent will also bind your heirs and assigns as well.

PERSONAL INFORMATION:

Application Date: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Driver's License Number: _____

State of Issue: _____ Expiration Date: _____

Physical Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Larkspur Fire Protection District Employment Application
9414 South Spruce Mountain Road
Larkspur, Colorado 80118
303-681-3284

Has your driver's license been restricted, suspended or revoked in the past 7 years? Yes No

If so, please explain:

Have you *ever* been convicted of or pled guilty to a felony or misdemeanor crime (including any disposition of a criminal charge in a manner that is consistent with guilt, including matters that may have been disposed of before judgment)? Yes No

If so, please explain: _____

Are you now or have you ever been placed under a restraining order? If so, is that order still in effect? In what jurisdiction was the restraining order issued? Yes No

Are you now or have you ever been subject to a judicial order compelling you to surrender firearms? Yes No

Are you now subject to any supervised or unsupervised period of release, e.g., probation or parole? Yes No

Are you now or have you ever been required to register as a sexual offender? Yes No

Education

High School Attended: _____

Year Graduated: _____

GED Acquired From: _____

Year GED Acquired: _____

College Attended: _____

Years Attended From: _____ To: _____

Graduated? Yes: No:

Degree Received: _____

Larkspur Fire Protection District Employment Application
9414 South Spruce Mountain Road
Larkspur, Colorado 80118
303-681-3284

Job History List all former employers for the past five years, starting with the most recent. Use additional pages if necessary.

Employer: _____

City: _____ State: _____ Phone Number: _____

Your Duties: _____

Reason For Leaving: _____

Dates of Employment From: _____ To: _____

Supervisor's Name: _____

Employer: _____

City: _____ State: _____ Phone Number: _____

Your Duties: _____

Reason For Leaving: _____

Dates of Employment From: _____ To: _____

Supervisor's Name: _____

Employer: _____

City: _____ State: _____ Phone Number: _____

Your Duties: _____

Reason For Leaving: _____

Dates of Employment From: _____ To: _____

Supervisor's Name: _____

References Please provide three personal or professional references **who are not related to you.**

Reference Name: _____

Contact Phone: _____

Reference's Profession: _____

How do you know this person? _____

How long have you known this person? _____

Larkspur Fire Protection District Employment Application
 9414 South Spruce Mountain Road
 Larkspur, Colorado 80118
 303-681-3284

Reference Name: _____

Contact Phone: _____

Reference's Profession: _____

How do you know this person? _____

How long have you known this person? _____

Reference Name: _____

Contact Phone: _____

Reference's Profession: _____

How do you know this person? _____

How long have you known this person? _____

Current Firefighting and EMS Certifications

Yes	No	Certification	Expiration Date or N/A	Yes	No	Certification	Expiration Date or N/A
		Firefighter I				BLS Provider	
		Firefighter II				NREMT	
		Fire Officer I				EMT (CO)	
		Fire Officer II				IV Approval	
		Fire Instructor I				NRP	
		Fire Instructor II				Paramedic (CO)	
		Hazmat Operations				ACLS	
		S130/S190				PALS	
		Wildland Red Card				NIMS 100, 200, 700, 800	

Additional Firefighting and EMS Related Certifications

Certification	Date Obtained	Certification Number	Expiration Date

Larkspur Fire Protection District Employment Application
9414 South Spruce Mountain Road
Larkspur, Colorado 80118
303-681-3284

Additional Job Related Skills:

Larkspur Fire Protection District Employment Application
9414 South Spruce Mountain Road
Larkspur, Colorado 80118
303-681-3284

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, psychological 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 obligate the District to hire me. I understand that the decisions of the Hiring or Membership Committee with regards to this application and employment in the District are final and are at the discretion of the Hiring or Membership Committee. If hired, I agree to abide by all District work rules, policies and procedures. Furthermore, I understand the District retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____

Date: _____

Larkspur Fire Protection District Employment Application
9414 South Spruce Mountain Road
Larkspur, Colorado 80118
303-681-3284

INQUIRY AND REVIEW CONSENT, RELEASE, AND WAIVER

I, _____, hereby authorize the Larkspur Fire Protection District (LFPD), its employees and officers, and parties acting on its behalf or at its direction, to conduct inquiries and reviews related to my application for employment with the LFPD. In granting this consent, release and waiver, I understand that the LFPD seeks to hire and employ only those individuals with the highest personal attributes, traits, and characteristics.

I understand and acknowledge that these inquiries *may include but are not limited to* my: a) past and present employment, b) conduct and performance, c) reputation for truthfulness, integrity and honesty, d) associations with private and/or public persons or organizations, e) education and training, f) financial responsibility and fiscal management, g) reputation with neighbors, friends, co-workers, or others in the community, h) family and interpersonal relationships, i) reliability and timeliness, and/or j) personal habits to include the consumption of intoxicants.

I hereby give my express consent, authorization and release to any person, entity, or party who is presented with this document to provide information as requested by the LFPD. In granting this consent, release, and waiver, I hereby abandon and forever waive any and all claims against any individual, organization, or entity who may provide information or assist the LFPD in this process and to indemnify those parties from any claims. This consent, release, and waiver also expressly binds my heirs and assigns.

Signature: _____ Date: _____

Name: _____ DOB: _____

Address: _____

LARKSPUR FIRE PROTECTION DISTRICT



EMPLOYMENT APPLICATION
Supplementary Documents



LARKSPUR FIRE PROTECTION DISTRICT

9414 South Spruce Mountain Road, Larkspur, Colorado 80118

Business Phone: (303) 681-3284

Toll Free: (877) 758-3635

Fax: (303) 681-3201

Larkspur Fire Protection District Physical Agility/Fitness Test (LPAT)

[\(Click here for LPAT Video\)](#)

The LPAT will be a timed event beginning at the first station and ending at the last station once the candidate and the last part of the dummy crosses the finish line. This is a continuous motion test, no stops are allowed. There is a ten minute time limit. All participants will have a set of vital signs taken before and after the test is administered. The participant will only be allowed to participate if vital signs are within acceptable limits. During the LPAT, participants will wear a structure helmet, gloves, bunker coat and Scott air pack. Sweat pants are recommended. No open toed shoes or sandals are allowed. Tennis shoes are highly recommended as the footwear of choice for this test. If a participant has any questions, please ask the test administrator before the test begins.

Events:

1. Participants will climb the stair stepper for three minutes at a pace of 60 steps per minute. You will be allowed 15 seconds to get up to speed on the stair stepper, if you choose. Once the stair stepper achieves the 60 steps per minute rate; the test time will begin. Participants are allowed to balance themselves with the handrails with the backside of their hands only - they are not allowed to grab on and hold the handrail for stability or assistance.
2. From the stair stepper the participant will walk to the hose hoist station; where they will lower, hand over hand, then raise, hand over hand a coiled 50-foot section of 2 ½ inch diameter hose. This will be done in a controlled manner. No sliding of the rope through the hands will be allowed at any time!
3. After completion of the hose hoist station, participants will proceed down the stairs to the Keiser Sled. The participant will strike the Keiser Sled until the sled is moved four feet. The test facilitator will advise the candidate when the sled has moved the required four feet.
4. The participant will then move to the ladder raise station and locate the 24-foot ladder laying on the ground. The candidate will raise the ladder in a safe and controlled manner to the vertical position and rest it against the wall of the building.
5. The participant will then move to the charged 1 ¾ hose line station. The candidate will advance the hose line 100 feet. The hose line must be placed on the ground in a controlled manner (not dropped) after being advanced the 100 feet.
6. From this point, the participant will move to the tool station. At this station the participant will pick up a chain saw and a K-12 saw and walk with them 50 feet and set them down gently in a controlled manner.
7. The participant will then pick up a 14-foot roof ladder and walk with it for 50 feet. Once the foot (back end) of the ladder has crossed the 50-foot line the participant will gently set the ladder down.
8. From this point the participant will proceed to the dummy drag station. The participant will secure the 165-pound dummy and drag it a total of 50 feet. The participant will drag the dummy 25 feet to a cone, go around the cone and then back to the start/finish line. Once the last part of the dummy has crossed start/finish line the time of the test will end.

12.65 VACCINATION POLICY

I. Introduction and Overview

- A. It is the Policy of the Larkspur Fire Protection District (“District”) that employees shall be medically inoculated and/or therapeutically treated against the spread of infectious and/or communicable diseases.¹ This policy shall be applied uniformly to any and all covered District employees regardless of their pay status, employment date, work assignments, formal training and/or any other differentiating or distinguishing factor or consideration not addressed in this Policy. Compliance with this Policy is mandatory for all covered employees.

- B. This Policy is established to protect the health, welfare and wellness of District employees and their families, District response partners, high risk populations, and the community at large from the risks of infections and disease caused or exacerbated by the spread of communicable health conditions. Medical science, pharmacological development, human based research, and collateral health studies have long demonstrated a strong nexus between a robust vaccination program and inhibiting the spread of disease.²

- C. This Policy is based on guidance, analytical studies, and information gleaned, provided, or disseminated from multiple sources to include national institutes, peer-reviewed sources and reputable authorities, the Colorado Department of Public Health and Environment, the Centers for Disease Control (CDC), and local public health authorities as well as any additional authorities or sources plus additional information which may be applicable. This policy is also intended to comply with all Federal, State and local laws and policies.³

II. List of required vaccinations

- A. The District will maintain and update a list of required vaccines and the deadlines for each immunization in line with scientific recommendations, analytical studies, and medical guidance. This list will be updated as necessary for emerging infectious conditions. The District will maintain a record of all vaccinations and expirations for covered employees.

¹ Implementation of this Policy in no way lessens an employee’s obligation and responsibility to wear Personal Protective Equipment (PPE) as directed or as appropriate in order to prevent the spread of disease or contamination of personnel and other individuals. Disease prevention relies upon a multi-level process of risk reduction, personal conduct, heightened training, individual inoculation, and other human factors which are augmented and enhanced via the correct wear and use of PPE.

² As discussed and addressed in this Policy, a vaccination can be any form of therapeutic treatment designed to prevent or inhibit the spread of disease or infection. This normally but not always takes the form of an injection but the medication/treatment may be administered or applied in any medically acceptable manner.

³ If any provision of this Policy is found or held to be legally unenforceable, then the remaining portions and provisions of this Policy shall be read and applied to give full effect to the intent and spirit of this Policy.

- B. As of the approval of this Policy, the District requires the following vaccinations for a covered employee:
1. COVID-19
 2. Annual Influenza Vaccination
 3. MMR
 4. TB PPD (may be substituted by diagnostic X-Ray)
 5. Hepatitis B
 6. Polio
 7. Varicella
 8. Tetanus
- C. Additional vaccinations may be added based upon (i) updated or amended national or local health standards promulgated or issued by authorities having jurisdiction and/or (ii) local outbreaks, epidemics, or pandemics at the District's discretion based upon then available medical science.
- D. Vaccines will only be required once they are fully approved by the U.S. Food and Drug Administration ("FDA"). Any vaccine listed above that is distributed under an Emergency Use Authorization ("EUA") by the FDA shall not be mandatory until the vaccine receives full FDA approval. Any vaccine available under an EUA is strongly recommended by the District and the District will follow the below Vaccination Procedure, to the extent feasible, for any employee who opts to receive a vaccine under an EUA. However, personnel are expected to abide by all medical protocols and District directives, including the Work Restrictions noted below, when a vaccine is available under an EUA, but the member of the District has not received the vaccine.

III. Vaccination Procedures:

- A. Implementation of this policy shall be affected as follows.
1. The District will pay for the cost of all required vaccinations if an employee's healthcare provider does not cover the cost of inoculations or therapeutic interventions. Applicants for positions with the District who are not yet employees

may be responsible to obtain vaccines at their own cost prior to their employment within the discretion of the Fire Chief.⁴

2. The District will assist employees by providing on-site access to immunizations or identifying locations where employees can be vaccinated or providing two (2) hours of paid time off to obtain the vaccination if the District cannot provide on-site access and the employee cannot obtain the vaccine after work hours. Normally, employees will receive their vaccinations as part of the LFPD's annual physical examination process.
 3. All employees must affirmatively establish having received required vaccinations or proof of acceptable levels of long-lasting immunity by providing evidence and/or documentation of immunization(s) or immunity to the District as required in the format designated by the Fire Chief. Vaccinations or proof of immunity must be from an approved or designated site, hospital, or other healthcare provider.
 4. Employees must receive required vaccinations within the timeframe designated by the District or the District's medical provider. Some inoculations or therapeutic interventions cannot be scheduled at the same time and must therefore be staggered chronologically in order to achieve the highest levels of immunity within an employee. When inoculations must be scheduled sequentially, employees shall diligently schedule their therapeutic interventions in order to receive their vaccinations as quickly as possible.
- B. The continued efficacy and presence of an appropriate level of immunized effect from a vaccination received by an employee may dissipate over time. The level of continuing protection provided by an immunization or inoculation can be measured or assessed by medical testing or through an established schedule of timed inoculations.
1. During a covered employee's annual physical examination or at any time at the direction of the District or the District's doctor, an employee may be required to provide a lab sample or other assessment to determine whether the employee needs additional inoculations or therapeutic interventions to increase their immunological level of protection to medically accepted levels. This is typically referred to as a booster for vaccines but can be described or called by any name or procedure that substantially accomplishes the same result.
 2. An employee is not exempted or excepted from receiving a vaccine required by this policy simply because they may have already been medically diagnosed and tested to have been infected with and/or recovered from a disease or illness covered by a vaccination described in this policy. While an employee may have a heightened

⁴ This applies to both paid and unpaid positions.

immunological response to a known pathogen, this response may not be as effective as a vaccination.

IV. Waiver of Required Vaccines

- A. Any employee may request a waiver from this Policy by submitting a written waiver request for as outlined below. A waiver will be considered for:
 - 1. pregnancy and/or a nursing mother or other medical contraindications or precautions related to an employee's health or well-being, or
 - 2. to accommodate a personal and sincerely held religious belief.
- B. Any employee requesting a waiver from required immunization due to a medical contradiction / precaution or religious accommodation must formally submit a written waiver request to the District. The District and District physician (and/or other qualified individuals and sources as may be necessary) will jointly review and consider approval of the request.
- C. Any employee receiving waiver approval are themselves responsible for understanding and accepting the consequences of the waiver, which may include but is not limited to, required work restrictions and realignment of duties (see "Approved Waiver Requests – Work Restrictions" below).
- D. Waiver Request Procedures. The following instructions should be followed, depending on type of exemption requested:
 - 1. *Medical Waiver*: Complete the written waiver request and attach a signed note from your licensed physician or the District's occupational health facility on the physician's letterhead detailing your medical contraindication or precaution to the immunization. Additional information may be requested as necessary to objectively evaluate the request.
 - 2. *Religious Waiver*: Complete the written waiver request. The request for religious accommodation may be subject to a reasonable request for verification based on an objective review of the initial request.

V. Approved Waiver Requests – Work Restrictions

- A. Employee's receiving an approved waiver from this Policy must agree to abide by the following. Additional reasonable work restrictions may also be added or applied as medical guidance and other factors require.

1. *Use of Face Masks (and other appropriate PPE):* Employees with approved waivers from immunization are required to wear an N95, KN95, or higher rated mask/respirator (along with any other required or appropriate PPE) during any direct patient contact. During flu season, local outbreaks, epidemics, and pandemics (or under any condition so designated by the District), employees with approved waivers must wear either a multi-layered cloth mask or paper surgical mask while within six feet of any District employee, employees of any other agency/organization, or member of the public. Masks (and other appropriate PPE) shall be changed when they become soiled or moist; masks should be appropriately sanitized if possible or used once and then disposed of. Hands should be washed often with soap and water or hand sanitizer. Names of persons required to wear masks (and other appropriate PPE) will be provided to the worker's supervisors and employees could be required to wear a modified form of identification indicating the mandatory use of either a multi-layered cloth mask or paper surgical mask or other appropriate PPE. Employees with approved waivers may also be required to wear a mask whenever inside any District building, District vehicle, or in any area where respiratory or contact infection may occur at a heightened rate.
2. *Staff Illness:* Employees with approved waivers from immunization who begin to experience flu-like symptoms (e.g.: body aches, fever, cough, sore throat, headache, extreme fatigue, etc.) or other symptoms that associated with a particular infectious disease or illness are required to alert their supervisors and not report for work for at least 24 hours after no longer experiencing any fever symptoms (without the use of fever-reducing medicines, such as but not limited to acetaminophen). Those who have no fever but are experiencing ongoing respiratory symptoms will be considered for evaluation by District's occupational health facility to determine the appropriate level of contact with patients and ability to work.
3. *During Outbreaks:* If an employee with an approved exemption is exposed to an outbreak occurring in the community that poses risk for staff, clients, or the public (e.g., pandemic/flu epidemic), the exempted staff member may be required to adhere to one or more of the following steps, as deemed appropriate by the District's occupational health facility:
 - a. If an alternative position is available, be reassigned to job duties that do not pose health risks to staff, clients, or the public.
 - b. Be placed in quarantine (NOTE: "quarantine" is defined as, "separating and restricting movement of people who are well but were exposed to a communicable disease.").
 - c. Be excluded from all work activities as directed or appropriate.
4. *Required Leave:* If the exempted employee is required by the District physician to be excluded from all work activities, the employee will be required to take medical

leave, vacation leave, personal leave, or leave without pay for all work absences due to the exemption.

5. *Deployment and special events eligibility:* Deployments, temporary duties, collateral assignments, and other out-of-region assignments are not an inherent right of District employees (regardless of pay status). Employees who are exempted from this District Policy may be ineligible for such assignments.

VI. Non-Covered Employees

- A. Certain District employees may be identified as non-covered employees for the purposes of this policy.⁵ If designated a non-covered employee, an employee is not required to obtain inoculations and other therapeutic interventions as mandated by this policy. (A non-covered employee must wear appropriate PPE as appropriate, directed or required.)
- B. The decision to designate an employee as non-covered shall be made upon a review of pertinent factors such as the employee's duties, the ability of the employee to successfully perform the duties of their position off-site or by balancing a hybrid schedule of off-site and in-person duties, the employee's work history and prior performance, any substantive costs or credible burdens imposed by the assignment, and/or the impact upon the agency's mission. (This list is not all exclusive.)
- C. The restrictions imposed upon a non-covered employee will apply during any occasion or circumstance when an epidemic, pandemic, or other health emergency have been declared by competent authority or during any emergency or in any circumstance where infectious or communicable diseases are an overriding and direct threat to the health and welfare of District employees and/or the public at large.⁶
- D. A non-covered employee who is authorized or permitted to work from an off-site location or in a hybrid model shall not be entitled to additional compensation or reimbursement for the performance of his or her duties as a non-covered employee. The employee shall be expected to provide space and necessary ancillary support (e.g., utilities) for the performance of their duties at no cost to the District.

⁵ A District employee assigned to a position whose operational duties involve firefighting and/or the emergent treatment of individual requiring medical attention are not eligible to become a non-covered employee.

⁶ These restrictions apply to any rapidly or escalating spread of an infectious health issue such as but not limited to pneumonia or respiratory infections, seasonal influenza, communicable viral infections, transmittable pathogens, any illness passed from human-to-human contact or proximity, or illness/disease that has crossed from one species to humans by any mode of transmission.

- E. The designation making an employee 'non-covered' for purposes of this policy will only occur under the following conditions:
1. The employee's duties and job tasks require that they have no contact or only limited *deminimis* contact with⁷:
 - a. other LFPD staff (whether paid or unpaid),
 - b. the staff of other first responder departments or medical agencies in the furtherance of their LFPD duties,
 - c. members of the public in the furtherance of their LFPD duties, or
 - d. the membership, staff, or personnel of any organization or entity that supports the LFPD or any first responder or medical organization in furtherance of their LFPD duties.
 2. The employee can fully perform their assigned duties off-site or via a hybrid schedule of working both on-site and off-site without a degradation in their functionality or overall mission accomplishment. Scheduling adjustments may also be considered and approved by the Fire Chief.
 3. The employee's duties are neither operational in nature nor directly required for the accomplishment of operational tasks on the fire ground.
 4. The mission and goals of the District shall not be compromised or substantively degraded beyond mere inconvenience or inconsequential considerations.
 5. Modifications of an inconsequential or minor nature can be made to the employee's workspace to lessen and reduce any potential exposure or spread of disease, illness or cross-contamination.
 6. The employee's duties will permit the proper wear of appropriate PPE designed to reduce the risk of infectious disease to protect the employee and those who come into contact with the employee combined with any other necessary or appropriate risk reduction methods (e.g., handwashing, workspace preparation, and disinfecting surfaces).
- F. Under the above conditions and subject to the approval of the Fire Chief, an employee may be removed from the coverage of this policy. Once designated as a non-covered employee, the employee shall follow all directions and restrictions upon their duty

⁷ The employee cannot have any contact with an active patient seeking medical treatment from the LFPD. Even when making *deminimis* contact with others, a non-covered employee must wear PPE appropriate for the limited contact.

performance and task accomplishment (see Section V above). The Fire Chief shall determine what scheduling modality and other measures work best for the department when an employee's position is under consideration for designation as non-covered.

- G. The Fire Chief may rescind the designation of an individual being a non-covered employee when the needs of the agency are no longer being met.
- H. Once designated, non-covered employees shall strictly comply with the conditions and restrictions imposed upon them during any period of time where infectious or communicable disease concerns are a prevalent, relevant or pertinent concern subject to the terms and conditions of their designation. An employee may not unilaterally cease compliance with PPE or other collateral mandates without approval of the Fire Chief.