

LARKSPUR FIRE PROTECTION DISTRICT



EMPLOYMENT APPLICATION

Version 1-11-19

All previous version are of this application are void

Larkspur Fire Protection District Application for Non-Paid Employment

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: _____

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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: _____

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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 know this person? _____

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Reference Name: _____

Contact Phone: _____

Reference's Profession: _____

How do you know this person? _____

How long have you know this person? _____

Reference Name: _____

Contact Phone: _____

Reference's Profession: _____

How do you know this person? _____

How long have you know this person? _____

Current Firefighting and EMS Certifications

	Certification	Expiration Date		Certification	Expiration Date
	Firefighter One			BLS Prov. (Equiv)	
	Firefighter Two			First Responder	
	Fire Officer I, II			NREMT	
	Fire Instructor I, II			EMT (CO)	
	Hazmat Operations			NRP	
	S130/S190			Paramedic (CO)	
	Wildland Red Card			IV Approval	

Additional Firefighting and EMS Related Certifications

Certification	Date Obtained	Certification Number	Expiration Date

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Additional Job Related Skills:

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: _____

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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: _____