

# LARKSPUR FIRE PROTECTION DISTRICT



## EMPLOYMENT APPLICATION

Version 6-1-23

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: \_\_\_\_\_

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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:

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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: \_\_\_\_\_

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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 known this person? \_\_\_\_\_

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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

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Additional Job Related Skills:

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**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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_



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**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.