

LARKSPUR FIRE PROTECTION DISTRICT



EMPLOYMENT APPLICATION

Version 2025.07.25

All previous versions of this application are void



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

The Larkspur Fire Protection District (LFPD) is an equal opportunity employer dedicated to non-discrimination in employment on any basis including; race, color, age, sex, religion, ethnicity, disability, or national origin. Applicants who receive tentative offer of employment will be required to attest to their identity and employment eligibility, and to present documents confirming their identity and employment eligibility. An applicant cannot be hired if they do not comply with these requirements.

PERSONAL INFORMATION:

Application Date:

Last Name:

First Name:

Middle Initial:

Preferred Name or Nickname:

Physical Addresses where you have lived for more than 1 month in the past 10 years.

1.) Current Physical Address:

Apt Number:

- _____

City:

State:

Zip Code:

- _____

2.) Physical Address:

Apt Number:

- _____

City:

State:

Zip Code:

- _____



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3.) Physical Address:

Apt Number:

City:

State:

Zip Code:

4.) Physical Address:

Apt Number:

City:

State:

Zip Code:

5.) Physical Address:

Apt Number:

City:

State:

Zip Code:

6.) Physical Address:

Apt Number:

City:

State:

Zip Code:

7.) Physical Address:

Apt Number:

City:

State:

Zip Code:



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Current Mailing Address:

Apt Number:

City:

State:

Zip Code:

Current Preferred Phone Number:

Alternative Phone Number:

Personal Email Address:

Affiliated with any other Fire Agency currently or previously? If so, please list all agencies:



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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

If so, please explain:



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Are you now or have you ever been subject to a judicial order compelling you to surrender firearms?

Yes

No

If so, please explain:

Are you now subject to any supervised or unsupervised period of release, e.g., probation or parole?

Yes

No

If so, please explain:

Are you now or have you ever been required to register as a sexual offender?

Yes

No

If so, please explain:

*****Note: As a governmental entity LFPD is permitted to request criminal hiring information under Colorado Revised Statute 8-2-130 (2) (C) (II).**



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Education

High School Attended:

Graduated:

Yes

No

N/A

GED Acquired From:

GED Acquired:

Yes

No

N/A

1.) College Attended:

Graduated:

Yes

No

N/A

Degree Received/Pending:

2.) College Attended:

Graduated:

Yes

No

N/A

Degree Received/Pending:



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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:

Length of Employment:

Supervisor's Name:

Employer:

City:

State:

Phone Number:

Your Duties:

Reason for Leaving:

Length of Employment:

Supervisor's Name:



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Employer:

City:

State:

Phone Number:

Your Duties:

Reason for Leaving:

Length of Employment:

Supervisor's Name:

Employer:

City:

State:

Phone Number:

Your Duties:

Reason for Leaving:

Length of Employment:

Supervisor's Name



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Employer:

City:

State:

Phone Number:

Your Duties:

Reason for Leaving:

Length of Employment:

Supervisor's Name:

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

1.) Reference Name:

Contact Phone:

Reference's Profession:

How do you know this person?

How long have you known this person?



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2.) Reference Name:

Contact Phone:

Reference's Profession:

How do you know this person?

How long have you known this person?

3.) Reference Name:

Contact Phone:

Reference's Profession:

How do you know this person?

How long have you known this person?



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Current Colorado Firefighting and EMS Certifications

Certification	Current (Yes or No)	Certification	Current (Yes or No)
<input type="checkbox"/> Firefighter One		<input type="checkbox"/> BLS Prov. (Equiv)	
<input type="checkbox"/> Firefighter Two		<input type="checkbox"/> First Responder	
<input type="checkbox"/> Fire Officer 1, 11		<input type="checkbox"/> NREMT	
<input type="checkbox"/> Fire Instructor I, II		<input type="checkbox"/> EMT (CO)	
<input type="checkbox"/> Hazmat Operations		<input type="checkbox"/> NRP	
<input type="checkbox"/> S130/S190		<input type="checkbox"/> Paramedic (CO)	
<input type="checkbox"/> Wildland Red Card		<input type="checkbox"/> IV Approval	

Additional Firefighting and EMS Related Certifications

Certification	Date	Certification Number	Expiration



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Additional Job-Related Skills:



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NOTICE, AUTHORIZATION AND CONSENT

The legal stuff

Forward

You should read this document very carefully.

There is no one hiring formula that makes for a good employee. This application and the hiring process conducted by the Larkspur Fire Protection District (LFPD) has been constructed to recruit and identify the most highly qualified and best suited candidates for our positions. Our selection procedures are thorough and deliberate, and our selection criteria focus upon the qualifications of each applicant. Once you voluntarily submit your application, your entire participation in our process will be examined, evaluated and weighed to determine your eligibility for hire.

Your Certification

By submitting your application, you acknowledge and certify that: 1) the facts and information you provide are true and complete to the best of your knowledge, 2) you understand that any false statement, omission, or misrepresentation on this application (to include accompanying documentation plus any follow-up or additional submissions or responses) is sufficient for a refusal to hire (or dismissal if you have been employed, no matter when discovered by the District), and 3) the LFPD will conduct appropriate checks and reviews to verify your statements and submissions. You have the duty to correct errors or omissions you become aware of regardless of their source.

At-Will Employment

Employment with the District is "at-will" and an employee's association with the District can be terminated at any time. This can occur whether your association is that of a paid or unpaid employee or civilian volunteer, and you acknowledge that you may be dismissed with or without cause and with little or no procedural process. Likewise, any employee or civilian volunteer may resign at any time for any reason. Employees who resign and who have a financial obligation or indebtedness to the District will be required to repay their debts even though they are no longer associated with the LFPD.

Background Checks: Release And Abandonment Of Any and All Claims

Any offer of employment is conditioned upon the completion and review of background checks and ancillary follow-up inquiries, interviews with yourself and others, document and database searches, and/or the subsequent review of any matter related to your application or hiring. By signing this document, you authorize the District to investigate all statements and information contained in your application material and responses and you also authorize your current and former employers and references along with all others to disclose information regarding your employment, conduct, performance, character and/or general reputation without giving me prior notice of such disclosure. In addition, you release the District (and its employees, officers, and contractors), any present or former employers (and their employees, officers, and contractors) and all references listed above from any and all claims, demands or liabilities (of whatever kind or nature) arising out of or related to such investigation or disclosure which can be brought by myself or others. If required by the source, you may be requested to authorize the external disclosure of information (typically by signing additional forms or documentation).



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Medical Examination and Qualification

If you receive a conditional offer of employment, you agree to submit to medical examinations, psychological examination, and/or drug test at any time deemed appropriate by the District (as permitted by law). You will be required to fully and candidly participate with these examinations in a timely fashion and that failure to do so may result in your dismissal from the employment process. You consent to these examinations, assessments and tests, and you authorize the examining physician or medical practitioner to make disclosures and/or provide opinions to the District regarding the results of the examinations. (These results will remain confidential and will be segregated from any personnel file.) You further understand that your offer of employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations, psychological examinations, other relevant testing, and/or drug tests.

Drug and Alcohol Policy

LFPD employees are subject to and agree to abide by the District's drug and alcohol policy.

No Promise or Expectation of Hire

An application for employment does not obligate the District to hire any individual, and the decisions of the Hiring Authority, Chief's Panel, Employment Committee, and/or Membership Panel are discretionary and final. If hired, you agree to abide by all District work rules, policies and procedures. Furthermore, you understand that the District retains the right to revise its policies or procedures, in whole or in part, at any time.

Severability and Enforceability

If a court or administrative body should rule or determine that any portion of our hiring procedures are void or illegal as a matter of law, the remaining provisions shall remain valid and enforceable and shall be implemented in a manner that gives full effect to the remaining provisions.

Conclusion

By signing below, you agree to these terms and conditions. Yes, it's a lot, but a job with us is worth it.

APPLICANT's SIGNATURE and Printed Name

(date)

WITNESS SIGNATURE

(date)



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AUTHORIZATION TO CONDUCT BACKGROUND AND REFERENCE CHECKS FOR PRE-EMPLOYMENT PROCEDURES

Release And Abandonment Of Any and All Claims

I HAVE APPLIED FOR A POSITION OF TRUST WITH THE LARKSPUR FIRE PROTECTION DISTRICT. I UNDERSTAND THAT A BACKGROUND CHECK OF MY PAST AND PRESENT PERFORMANCE, CONDUCT, ACTIONS OR INACTIONS, CHARACTER, SOCIAL MEDIA PRESENCE, INTEGRITY, RESPONSIBILITY AND/OR RELATED MATTERS (BOTH DIRECT AND INDIRECT) SHALL BE CONDUCTED.

I HEREBY EXPRESSLY AUTHORIZE AND CONSENT TO ANY EMPLOYEE, OFFICER, INVESTIGATOR AND/OR OTHER DULY AUTHORIZED INDIVIDUAL OR REPRESENTATIVE ACTING ON BEHALF OF THE LARKSPUR FIRE PROTECTION DISTRICT **TO:**

- A. OBTAIN OR ACQUIRE INFORMATION RELATED TO MY ACTIVITIES, CONDUCT, EMPLOYMENT, JOB EMPLOYMENT, RESIDENCES, ACADEMIC OR SCHOOLING, MILITARY SERVICE, ACTIONS OR INACTIONS, AND/OR INTEGRITY WITHOUT RESERVATION OR RESTRICTION.
 - a. This authorization is not limited to any specific data or class of data or information.
 - b. This authorization extends to all information or data regardless of how it is stored or maintained to include but not limited to electronic forms of media storage or retrieval.
 - c. This consent extends to my social media presence and internet activity.
 - d. This authorization specifically anticipates and permits the conduct of interviews and oral discussions in furtherance of the LFPD's employment process.
- B. PROVIDE A COPY OF THIS CONSENT, AS NECESSARY, IN EXCHANGE FOR THE COOPERATION AND ASSISTANCE OF OTHERS WHO MAY FAITHFULLY AND REASONABLY RELY UPON THIS DOCUMENT AND THE RELEASE IT GRANTS. I HEREBY WAIVE, RELEASE AND ABANDON ANY AND ALL CLAIMS FOR HARM OR DAMAGE AGAINST ANY ENTITY, INDIVIDUAL, AND/OR ORGANIZATION THAT PROVIDES INFORMATION, RECORDS, DATA, AND/OR ANY OTHER CLASS OR CATEGORY OR INFORMATION IN RESPONSE TO INQUIRIES CONDUCTED UNDER THIS CONSENT AND WAIVER. I HEREBY ALSO BIND AND COMMIT MY HEIRS AND ASSIGNS TO THIS WAIVER. THIS CONSENT, WAIVER AND RELEASE SHALL BE HONORED IN FULL. IF ANY PART OR PROVISION OF THIS WAIVER IS FOUND TO BE VIOLATIVE OF STATUTE OR HELD TO BE VOID AGAINST PUBLIC POLICY, THE REMAINING PROVISIONS SHALL BE ENFORCED TO THE FULLEST EXTENT POSSIBLE. I ALSO AGREE TO INDEMNIFY AND REPRESENT THOSE INDIVIDUALS OR ENTITIES WHO PROVIDE INFORMATION OR DATA IN RELIANCE UPON THIS DOCUMENT OR OTHER FORM OF CONSENT.

This authorization expires in one year.

Applicant's Signature (date)