



Job Application Form

Elizabeth Fire Protection District

Revised 9-26-19

Position you are applying for:

- Out-of-District Reserve Firefighter
- In-District Reserve Firefighter
- Active Retiree Firefighter
- General Administrative
- Support Services Volunteer
- Active Retiree Water Supply Specialist

Application for Employment

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

Individuals hired by the Elizabeth Fire Protection District ("District") are "at-will" employees, meaning the employee may terminate the employment relationship without notice at any time and for no reason; similarly, the District may terminate the employment relationship at any time for no reason, subject only to the requirements of Federal and State law. Nothing in this application alters an individual's at-will employment.

The District will rely upon the truthfulness and completeness of the information you provide in this application. Any false or misleading information in, or material omission of information from this application may result in your not being hired, or immediate termination of your employment at any point in the future, if you are hired.

The District fully supports, and complies with, all applicable Federal, State and local laws relating to the hiring and employment of individuals. The District will not discriminate against an applicant on the basis of race, creed, color, religion, national origin, ancestry, gender, marital status, military status, age, disability, or status in any other group protected by Federal, State or local law.

This application automatically expires in one (1) year. You must complete and submit a new application if you want to be considered for a District position after one (1) year, or if you want to be considered for a different position.

By signing this application, you are acknowledging you have read, fully understand and agree to the statements contained in this section.

INSTRUCTIONS TO THE APPLICANT: We deeply appreciate your interest in employment with the Elizabeth Fire Protection District ("District"). Please print clearly in black or blue ink, and answer each question fully and accurately. The District will not consider your application until all of the questions have been answered. Sign and date this form. Thank you for taking the time to complete this application.

GENERAL INFORMATION

Position Applied For:	Date of Application:
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Can you perform the essential functions of the job with or without reasonable accommodation?

Yes No

Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.

If no, please describe: _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			
Home: _____	Pager: _____	SSN: _____	
Cell: _____	Other: _____	E-mail: _____	

Are you legally eligible for employment in the U.S.? Yes No

Proof of eligibility to work in the U.S. will be required upon employment for all applicants.

Are you over the age of eighteen? Yes No

Have you ever been employed by the District before? Yes No

If yes, give dates: _____

Do you know anyone who works at the District? Yes No

If yes, please provide name and relationship: _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

EMPLOYMENT EXPERIENCE AND REFERENCES

Start with your present or last job and explain any significant gaps in time. Include any job-related military service assignments and volunteer activities. **THIS SECTION MUST BE COMPLETED (You may, but are not required to, attach a resume in addition to completing this section).**

I) Name and Address of Employer	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Telephone: () -						
Job Title:	Work Performed:					
Name of Supervisor:						

II) Name and Address of Employer	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Telephone: () -						
Job Title:	Work Performed:					
Name of Supervisor:						

III) Name and Address of Employer	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Telephone: ()__-__	Work Performed:					
Job Title:						
Name of Supervisor:						

IV) Name and Address of Employer	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Telephone: ()__-__	Work Performed:					
Job Title:						
Name of Supervisor:						

Are you currently employed? Yes No

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

Name	Address	Telephone

EDUCATIONAL BACKGROUND

	High School (or GED)	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree Obtained			
Describe Course of Study, if applicable			
Describe any Job Related Certifications.			
State any additional information you feel may be helpful to us in considering your application.			

SPECIAL SKILLS

Indicate any foreign languages you can speak, read and/or write.

	<i>Fluent</i>	<i>Well</i>	<i>Fair</i>
Speak			
Read			
Write			

What machines or equipment can you operate that are related to the job for which you are applying? _____

DRIVER'S LICENSE/COMMERCIAL DRIVER'S LICENSE

NOTE: This Section should only be completed by individuals applying for a position requiring a valid driver's license or a valid commercial driver's license.

Do you have a valid driver's license? Yes No

Driver's License # _____ State _____ Class _____

If the position for which you are applying requires a commercial driver's license, do you have a valid Colorado commercial driver's license? Yes No

Commercial Driver's License # _____

Have you had your driver's license or commercial driver's license (if applicable), suspended or revoked in the last 5 years? Yes No

If yes, give details: _____

Have you been convicted of, or plead no contest to, Driving Under the Influence (DUI) or Driving With Ability Impaired (DWAI), or a comparable conviction under the laws of any State, within the last 10 years? Yes No

If yes, give details: _____

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This application is not complete and will not be considered by the District unless you complete, sign and submit the attached *Authorization and Consent for Release of Information* with this Application.

DRUG AND ALCOHOL POLICY- POST-CONDITIONAL OFFER TESTING

By signing this application, you acknowledge the District has a drug and alcohol policy, and agree to comply with that policy, including undergoing a drug test if the District makes a conditional offer of employment to you. You further acknowledge and agree that if you fail, or refuse to submit to, the drug test, you will not be eligible for employment with the District. You further understand that certain over-the-counter medications or prescribed drugs may result in a positive test result, and agree that you will disclose over-the-counter medications or prescribed drugs you are currently taking or have taken within the past thirty (30) days. You further agree to sign and submit to the District the attached *Post-Conditional Offer Consent to Drug Testing and Authorization to Release Medical Information*.

APPLICANT'S CERTIFICATION AND SIGNATURE

I certify that the answers given in this application, including any documentation submitted with or in connection with, this application are true and complete.

Signature of Applicant **Date**