



# Job Application Form

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## Elizabeth Fire Protection District

Revised 02-03-2021

Position you are applying for:

- Full or Part-time Firefighter/EMT
- Reserve Firefighter
- General Administrative
- Support Services Volunteer

# 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: _____			
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).**

<b>I)</b> 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:						

<b>II)</b> 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:						

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

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

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

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.

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**Signature of Applicant** **Date**