



De Beque Fire Protection District

4580 I-70 Frontage Road, De Beque CO 81630

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:			Apartment/Unit #:
City:		State:	ZIP:
Phone: () -		E-mail Address:	
Date Available:	Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Residency Program		

BACKGROUND / CERTIFICATIONS	
Are you at Least 21 years old?	
Military Experience <input type="checkbox"/> Yes <input type="checkbox"/> No Attach DD214 Documentation	
High School	
College	
Firefighter Certification: <input type="checkbox"/> FFI <input type="checkbox"/> FFII	
EMS Certification: <input type="checkbox"/> EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic <input type="checkbox"/> Mesa County Protocols	
Certifications must be State of Colorado and Current.	
NWCG Certifications (list):	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not attach document authorizing work.	
Are you related to or residing with anyone working or currently applying for employment with the De Beque Fire Protection District? If so, please explain.	
Have you ever been arrested, received a Notice to Appear, been charged, convicted, pleaded Nollo Contedere or pleaded guilty to any criminal violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give details and disposition:	
Note: Be sure you respond accurately, providing all requested information. Failure to disclose requested details will be counted as an omission of relevant facts.	
Have you ever been accused of a civil action of wrongful injury, assault and/or battery?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, outcome of situation: Respond accurately.	

Begin with your present or most recent employment, including self-employment, part-time employment, and military service. Describe your paid work experiences for at least the past 10 years or if applicable, list your past (3) three employers. Attach addendum if needed.

Employer Name:	Position:
Address:	Duties and Responsibilities:
City/State:	
Telephone:	
Supervisor:	
Final Salary:	

Reason for Leaving:
 May we contact your present employers? Yes No

Employer Name:	Position:
Address:	Duties and Responsibilities:
City/State:	
Telephone:	
Supervisor:	
Final Salary:	

Reason for Leaving:

Employer Name:	Position:
Address:	Duties and Responsibilities:
City/State:	
Telephone:	
Supervisor:	
Final Salary:	

Reason for Leaving:

Have you ever been fired, forced to resign, or resigned in lieu of termination?
 Yes No If yes, explain:

List all special skills, computer programs, office machines, equipment tools, etc. you are familiar in using:

List 3 references:

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

APPLICANT'S STATEMENT

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation, or omission of information by me shall serve as a basis for termination of my employment with the De Beque Fire Protection District. Permission is granted to the De Beque Fire Protection District to investigate and verify any information provided on this and successive documents completed for purposes of employment consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I am employed by the De Beque Fire Protection District that some employer may in the future contact the De Beque Fire Protection District concerning my work record and performance with the District. I hereby consent to and authorize persons employed by the De Beque Fire Protection District to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or potential employer of mine with respect to my work record and the performance of my job at De Beque Fire Protection District.

Signature of Applicant:	Date:
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AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE EMPLOYER

I understand that in connection with my Application for Employment with the De Beque Fire Protection District, my driving record and a criminal background will be obtained. I further understand that the De Beque Fire Protection District will conduct pre-employment drug testing, employment drug testing and physicals.

Signature of Applicant:	Date:
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