

Clifton Fire Protection District

Employment Application

3254 F Road/ PO Box 386, Clifton, CO 81520
970-434-5448



APPLICANT INFORMATION									
Last Name		First Name		M.I.		Date			
Street Address					Apt/Unit #				
City				State			Zip Code		
Phone				E-mail					
Date Available				Position Applying For					
Are you 18 or Older?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever worked for this Fire District?	Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, when?					
EDUCATION									
High School					Address				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
College					Address				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Degree					
Trade School					Address				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Degree					
Other					Address				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Degree					
PERFORMANCE OF ESSENTIAL FUNCTIONS									
I have received and reviewed the job description.				Yes <input type="checkbox"/> No <input type="checkbox"/>					
I meet all required educational, experience, and certification/license qualifications of the job.							Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, what qualifications do you lack?									
I reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation.									
Yes <input type="checkbox"/> No <input type="checkbox"/>									
QUALIFICATIONS/CERTIFICATIONS									
<i>*Choose the highest certification level currently held</i>									
National Registry	EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> Paramedic <input type="checkbox"/>			Number			Expiration		
State EMS	EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> Paramedic <input type="checkbox"/>			Number			Expiration		
State Fire	FFI <input type="checkbox"/> FFII <input type="checkbox"/>			Number			Expiration		
	Fire Officer I <input type="checkbox"/> Fire Officer II <input type="checkbox"/>			Number			Expiration		
	Fire Instructor <input type="checkbox"/>			Number			Expiration		
	DO <input type="checkbox"/>			Number			Expiration		
	HazMat Ops <input type="checkbox"/> HazMat Ops/Aware <input type="checkbox"/>			Number			Expiration		
Are you on Protocol in Mesa County	Yes <input type="checkbox"/> No <input type="checkbox"/>			If No, have you started the process?			Yes <input type="checkbox"/> No <input type="checkbox"/>		

QUALIFICATIONS/CERTS CONTINUED

Please list any special qualifications and/or certifications that pertain to the position applying for:

Empty form area for listing special qualifications and/or certifications.

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		From	To
Reason for Leaving			
May we contact this supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company		Phone	
Address		Supervisor	
Job Title		From	To
Reason for Leaving			
May we contact this supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company		Phone	
Address		Supervisor	
Job Title		From	To
Reason for Leaving			
May we contact this supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you ever been fired from a job or quit under threat of being fired? Yes No

If Yes, when? _____ Who was the employer? _____

What reason did the employer give you for your dismissal or forced resignation? _____

REFERENCES

Please list three professional references:

Full Name		Relationship		Years Known	
Email			Phone		
Full Name		Relationship		Years Known	
Email			Phone		
Full Name		Relationship		Years Known	
Email			Phone		

MILITARY SERVICE & BACKGROUND

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					
Do you or have you ever gone by another name?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	List	

DISCLAIMER AND SIGNATURE

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I understand that CFPD will require me to complete a background check with respect to any criminal history during the application process. I authorize CFPD to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record, and to obtain a consumer report regarding me. I agree to assist DT Swiss in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. **All employment with CFPD is at-will, meaning that all employment with CFPD may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or CFPD.** I understand that CFPD has policies and procedures that I must follow, if hired. I understand that CFPD reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with CFPD. I certify that I am submitting this application because of a good faith desire for employment with CFPD. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

Signature		Date	
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