



Job Application Form

BIG SANDY FIRE PROTECTION DISTRICT

PO BOX 161, 219 SIOUX AVENUE
 SIMLA, CO 80835
 (719) 541-2883 /OFFICE
 (719) 541-3148 /FAX

Revised 06/08/2016

- Position you are applying for:
- Full time EMT/Firefighter
 - Part time Firefighter
 - In District Volunteer Firefighter
 - Out of District Volunteer Firefighter
 - Water Supply Specialist
 - Active Retiree Firefighter
 - Junior Firefighter

District Use Only

Date Received _____		By _____		Date Called _____		By _____	
Interview Date _____		Interviewers Initials _____					
MVR Rec'd _____		Background Rec'd _____					
Accepted		Rejected		Called By _____		Date _____	
Probation Start _____		Completed _____					
Officer Approval Initials _____		Date _____					
Fire Chief Approval _____		Date _____					

Application for Employment

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

Individuals hired by the Big Sandy 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.

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 Big Sandy 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

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: _____

Position Applied For:		Date of Application:	
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number(s) Home: _____ Pager: _____		EMAIL: _____	
Cell: _____ Other: _____			

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 twenty one? Yes No

Have you ever been employed by the District before? Yes No
 If Yes, give dates: _____ to _____

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: _____

Have you been convicted of, or plead no contest to a crime (other than a minor traffic offense)? A record of criminal conviction(s) will not necessarily disqualify you from employment. 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 attach a resume in addition to completing this Section).**

I) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/Salary	Reason For Leaving
	MO	YR	MO	YR		
Work Performed:						

II) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/Salary	Reason For Leaving
	MO	YR	MO	YR		
Work Performed:						

III) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/Salary	Reason For Leaving
	MO	YR	MO	YR		
Work Performed:						

IV) Name and Address of Employer Telephone: ()	From		To		Hourly Rate/Salary	Reason For Leaving
	MO	YR	MO	YR		
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, IF ANY

	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

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

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
Drivers License # _____ Class _____ State _____

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 requires you to after a conditional offer of employment. 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

**NOTICE OF BACKGROUND CHECK AND CONSUMER REPORT AND
AUTHORIZATION/CONSENT FOR RELEASE OF INFORMATION**

The purpose of this document is to notify you that the Big Sandy Fire Protection District ("District"), or an agent acting on the District's behalf, will be conducting a background check, and a consumer report will be generated, in connection with your application for employment with the District to obtain your voluntary authorization and consent to, and release of liability for, such actions.

Last Name _____ First Name _____ Middle Name _____

Please print any other names you have used

Home Address

City _____ State _____ Zip Code _____

_____/_____/_____

Date of Birth

_____/_____/_____

SSN

Driver's License Number State Issuing Name as it appears on license

Colorado Commercial Driver's License Number Name as it appears on license

I understand that in connection with the application process, the District, or its agent, may request information about me from any individual or entity (regardless of its legal form) who may have any knowledge or information about me, including all corporations, partnerships or other forms of business entities, whether for profit or not-for-profit; former employers and/or volunteer organizations; credit agencies; educational institutions; law enforcement agencies; the state, its agencies or any political subdivision; the department of motor vehicles; city, county, state and federal courts; military services; and, any person.

I have provided complete and truthful information to the District regarding all sources of information about my past, including my prior employment, volunteer service, education, licensure/certifications, driving record, criminal conviction record, and personal references, as well as any information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment or volunteer membership, or immediate discharge. In order to assist the District, or its agent, in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the District regarding my previous employment/volunteerism, and authorize all past employers and/or volunteer organizations, or their agents, to respond to the District's, or its agent's, verbal or written inquiries regarding my employment/volunteer record, including, but not limited to, positions held, dates of employment or volunteerism, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential

file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational institutions, vocational institutions, state agencies, or volunteer organizations I have attended or in which I have participated, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees, licenses, or certificates conferred.

3. I authorize and consent to the District or its agent contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District's, or its agent's, background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the District or its agent verifying the Social Security number I have provided upon my employment/volunteer membership with the District.

5. I authorize and consent to the District's, or its agent's, thorough investigation of whether I have a record of criminal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District's criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment.

6. I hereby release and hold harmless the District, its current and past directors, officers, employees, volunteers and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization/Consent for Release of Information ("Release") and/or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, outrageous conduct, discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application for employment/volunteer membership and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District, or its agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.

7. I have carefully read this Release and voluntarily agree to its terms in order to assist the District in evaluating my qualifications for employment.

8. I understand that any questions regarding this Release should be directed to the District Fire Chief.

Signature

Today's Date

*** For purposes of this Notice, "consumer report" means a report used to determine an individual's eligibility for employment/volunteer membership, promotion, re-assignment and periodic background checks.**

**POST-CONDITIONAL OFFER CONSENT TO DRUG TESTING AND
AUTHORIZATION TO RELEASE OF MEDICAL INFORMATION**

I have applied for employment with the Big Sandy Fire Protection District ("District"). I understand that if the District makes a conditional offer of employment to me, I may be required by the District to submit to and to pass a drug test. In furtherance of my application for employment with the District, I hereby voluntarily and of my own free will agree to the following:

1. Upon notification by the District, I will immediately submit to, and fully cooperate with, a drug test by the District's designated testing facility ("Testing Facility").
2. I expressly consent to the Testing Facility taking one or more urine samples to test for illegal drugs and/or controlled substances ("Samples").
3. I expressly authorize the Testing Facility to release the results of any test performed on the Samples to the District's Fire Chief who may then release the information to the District.
4. Unless I revoke this Authorization earlier, it will expire one (1) year after the date I sign it. I understand that if this information is disclosed to the District, the information may no longer be protected by the federal privacy regulations and may be re-disclosed and used by the District in accordance with Federal and State law.
5. The Health Information, including any Protected Health Information, authorized by me to be disclosed may be released and disclosed to the District's Medical Review Officer ("MRO") who may then release said Health Information to the District.
6. I hereby release and hold harmless the District, and its past and present Directors, officers, employees, agents and representatives, and any individual or entity taking, testing and reporting upon the Samples authorized by this Authorization, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract, negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future.
7. Colorado law governs this Authorization. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. I agree that in any dispute arising from or relating to this Authorization, the prevailing party shall be awarded its/his/her reasonable attorney's fees, costs and expenses, including any attorneys' fees, costs and expenses incurred in collecting upon any judgment, order or award. This Authorization may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.
8. I have carefully read this Authorization and voluntarily agreed to its terms and conditions.

Applicant _____ Date: _____

Additional Documents

Please include copies only of the following documents, if applicable to the position applied for. Copies will be made a part of your application and cannot be returned. All applicants must submit copies of the *items.

- | | | |
|---|------------------------------------|-----------------------------|
| *Drivers License | *CPR Certificate | *EMT Certificate |
| High School Diploma | College Diploma, if obtained | Military Discharge |
| Birth Certificate | Firefighter Certificates | PEPP/PALS/ACLS Certificates |
| Hazmat Certificate | Colorado State Proctor Certificate | |
| Other Certificates you feel are important to this application | | |

Big Sandy Fire Protection District/Simla Volunteer Fire Department Junior Firefighter Program Application

Please Print using Black or Blue Ink.

1) Name _____ Phone Number _____

1a) Address _____ Birthdate _____

1b) Email Address _____

2) Do you have your parents' permission to apply to be a Junior Firefighter? Yes No

3) Parent/Guardian Name _____ Phone Number _____

3a) Address _____

Emergency Contacts

4) Name _____ Phone Number _____

4a) Name _____ Phone Number _____

Medical Information

5) Doctor _____ Phone Number _____

5a) Hospital _____ Phone Number _____

5b) Medical Conditions _____

5c) Allergies _____

5d) Do you take any medication? Yes No

5e) If Yes, list the medication and what condition it is for: _____

Additional Information (use another sheet of paper if more space needed)

6) What interests you the most about becoming involved with the Simla Volunteer Fire Department?

7) Please list other activities, in detail, that you are involved in (Sports, Volunteer Work, Church, etc):

Applicant Printed Name

Applicant Signature and Date

Parent Signature and Date

SVFD Use:

Fire Chief Approval _____

Parental Consent

My son/daughter, _____, has my permission to be a Junior Firefighter with the Big Sandy Fire Protection District/Simla Volunteer Fire Department. I give my consent to allow _____ to be a Junior Firefighter and do not hold the Big Sandy Fire Protection District/Simla Volunteer Fire Department and it's First Responders responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Applicant Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

I and my son/daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son/daughter understand that Junior Firefighters serve as supporters of the Big Sandy Fire Protection District/Simla Volunteer Fire Department Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the Big Sandy FPD/SVFD and that the general standard of conduct is to act in the manner of a professional.

I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Big Sandy Fire Protection District/Simla Volunteer Fire Department. I and my son/daughter understand there is a “zero tolerance” policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Elbert County Sheriff’s Department.

Applicant Signature and Date

Parent/Guardian Signature and Date

Acknowledgement Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the Big Sandy Fire Protection District/Simla Volunteer Fire Department Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents.

Applicant Signature and Date

Parent/Guardian Signature and Date

I acknowledge that the above received a copy of the Simla Big Sandy Fire Protection District/Simla Volunteer Fire Department Junior Firefighter Program Guidelines.

Fire Chief Signature

Date