

Jefferson-Como Fire Protection District

Name: First		Middle		Last	
Mailing Address:	P.O. Box/Street City St			tate	•
Phone:	Email:				
Are you 18 years or old	der?Yes_	No			
Position Applied for:		Social Security #			
f offered a position he	re, when would you b	oe available?			
Are you employed now	/?YesNo	If so, may we contact	present employer?		
How did you hear aboเ	ut Jefferson-Como F	ire Protection District?			
<u>Education</u>					
School Level	Name	& Location	Years	Dipl	oma/Degre

School Level	Name & Location	Years Attended	Diploma/Degree
High School			
College			
Trade Schools/Other			

<u>Certifications/Special Skills/Volunteering Experience (Attach all copies of National. State.</u> and <u>Educational Certifications)</u>

Please list certifications, special skills or volunteering experience as they relate to the position for which you are applying. **Current Certificates:** Special Training/Previous Certifications: Volunteer Experience: **Driving (Attach a copy of your Driver License)** Do you possess a valid Colorado Driver's License______Yes_____No. If not Colorado, which state? _____ What class of license do you hold? Have you had your driver's license suspended or revoked in the last 3 years?_______Yes______No. If yes, give Have you ever been convicted of any law violation/felony? _____Yes_____No. If yes, give details: The successful candidate may be required to pass a drug test, background and credit investigations. **References** (Give three references not related to you or former employers.) Name Phone Business Years Acquainted Address Address 3. Address

Former Employers (List below the last three employers starting with the most recent.) **Employer Name** Phone Address Supervisor Job Title Responsibilities: Reason for Leaving: From: To: May we contact your supervisor?_____Yes ____ **Employer Name** Phone Address Supervisor Job Title Responsibilities: Reason for Leaving: From: To: May we contact your supervisor?_____Yes_ No **Employer Name** Phone Address Supervisor Job Title Responsibilities: Reason for Leaving: From: To: May we contact your supervisor?_ Yes No

Affidavit, Consent and Release (Please read each statement carefully before signing.)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Board of Directors of the Jefferson-Como Fire Protection District has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by a Board member and employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice. I have read, understand and by my signature consent to these statements.

Signature			
Print Name			
Date			

Jefferson-Como Fire Protection District P.O. Box 380 Como, CO 80432 719-836-2082 www.jcfpd.org

An Equal Opportunity Employer