

FOR OFFICE USE ONLY



419 Yampa Ave. Craig, CO 81625
 Phone: 970-824-5914 Fax: 970-824-5115 e-mail: aa.ellis@craigfirerescue.org

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please print or type all information. The application must be filled out completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Please attach copies of documents or certificates that will support your application. All statements are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection and/or termination of employment. Craig Rural Fire Protection District is an equal opportunity, drug free employer. We do not discriminate on the basis of age, race, disability, marital status, national origin, religion, gender, or sexual orientation. Craig Rural Fire Protection District will provide reasonable accommodations in the employment process for any disabled applicants. Please inform us of any special accommodations needed prior to testing and interviews.

POSITION APPLYING FOR:	DATE:
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1. PRESENT LEGAL NAME:

Last Name	First Name	Middle Initial
Social Security Number	Are you 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. ADDRESS:

Street & Apt/Unit (if applicable) P.O. Box		
City:	State:	Zip Code:

3. TELEPHONE NUMBERS:

Home:	Work:	Cell Phone:
Do you have authorization to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Permit (type): Exp. Date: _____

Since your 18th birthday, have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? Failure to answer this question accurately could cause denial/termination of employment. **A YES or NO answer is required.** "Yes" responses do not necessarily disqualify an applicant from consideration, and will be evaluated on a case-by-case basis. _____ YES _____ NO
 If yes, state the offense, location, date, and disposition below:

OFFENSE:	LOCATION
DATE	DISPOSTION

4. LICENSURE, CERTIFICATION; EXAMPLES; DRIVERS'S LICENSE, CERTIFICATION

License, Certification:	Number	Type of License/Certification; State

5. DO YOU HAVE A RELATIVE CURRENTLY EMPLOYED BY THE DISTRICT? If yes, please state name and relationship.

Name	Relationship
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6. ARE YOU A FORMER DISTRICT EMPLOYEE? If yes, Dates: _____
 Name during employment if different than indicated above: _____

7. EDUCATION

Please indicate which of the following you have completed: High School Diploma _____ GED _____
 Date Received _____

NAME, CITY, STATE & ZIP	MAJOR	DATES ATTENDED	DEGREE or Diploma
COLLEGE		FROM: TO:	
COLLEGE		FROM: TO:	
OTHER		FROM: TO:	

8. SPECIFIC SKILLS – List the total number of months of experience in skillfully operating the equipment (office or otherwise), the computer software and / or total number of months of substantial experience in craft(s), or technical profession(s). Please only list skills you have gained expertise in.

Number of months	Office & Related Equipment Operated / Computer / Software	Other Equipment Operated	Number of months	Crafts, Trades & Technical Professions

9. HOW WELL DO YOU COMMUNICATE IN ANOTHER LANGUAGE (S) OTHER THAN ENGLISH?

Language ('s): _____

(Please Circle One)

Fluent

Moderate

Basic

None

10. EXPERIENCE: Please elaborate on how your experience and training relate to the position for which you are applying:

11. REFERENCES

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

12. EMPLOYMENT HISTORY: Please list the most recent employer first, when applicable please represent at least 10 years of employment. If additional space is needed, attach a separate sheet.

May we contact your present / prior employer(s) circle one Yes No N/A

Company Name	Dates Employed	From:	To:
Address:		Telephone Number:	
Job Title:	Starting Salary:	Ending Salary:	
Duties & Responsibilities:			
Reason for leaving:			

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Duties & Responsibilities:		
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Company Name	Dates Employed From:	To:
Address:		Telephone Number:
Job Title:	Starting Salary:	Ending Salary:
Duties & Responsibilities:		
Reason for leaving:		

IMPORTANT: Employment is subject to verification of the applicant's background. Persons selected for employment must (1) Present an original social security card; (2) Pass a medical examination by the Department Physician. This examination will include testing for current use of drugs and / or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally the District is required by federal law to verify, through documents provided by the applicant, the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW

I hereby certify that each response on this application and all other information provided in applying for employment with the Craig Rural Fire Protection District are true and correct. I understand that any incorrect, incomplete, or false statement furnished may subject me to disqualification in an examination, or to be discharged at any time.

Signature: _____ **Date:** _____

Craig Rural Fire Protection District
Release of Information Agreement/Authorization

Applicant Name (Print)			Date
Street Address	City	State	Zip
Date of Birth	SSN#		
Home Phone	Work Phone		

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **Craig Rural Fire Protection District**. The agency needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the **Craig Rural Fire Protection District** bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself by and to any duly authorized agent of the **Craig Rural Fire Protection District** whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Craig Rural Fire Protection District** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, and all other officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Release of Information Agreement/Authorization

I direct you to release such information upon request of the duly accredited representative of the **Craig Rural Fire Protection District** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **Craig Rural Fire Protection District** acceptance and processing of my application for employment, I agree to hold the officers, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **Craig Rural Fire Protection District**. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Craig Rural Fire Protection District** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of six months (180 days) from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 2011.

My Commission Expires:

Notary Public