



419 Yampa Ave. Craig, CO 81625

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APPLICATION FOR EMPLOYMENT

APPLICANT MUST BE A RESIDENT OF THE CRAIG RURAL FIRE PROTECTION DISTRICT

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 disables 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
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2. ADDRESS:

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

3. CONTACT INFORMATION:

Home Phone	Cell Phone	Work Phone
Email Address		

4. EMPLOYMENT ELIGIBILITY:

*Are you legally eligible for employment in the United States?

*proof of citizenship or immigration status will be required upon employment

Are you a former District employee?	Do you have a relative currently employed by the District? If Yes, Please state name and relationship.
Name	Relationship

5. DRIVERS LICENSE

*Do you have a valid Colorado Drivers License?

*Attach copy of license

Number	Class	Expiration Date
Are your driving privileges suspended or revoked by any other State?		State

6. LICENSURE, CERTIFICATIONS, SKILLS & ACTIVITIES:

List licenses or certificates you hold which would be helpful in this position:

License or Certification	License or Certification Number	License or Certification Expiration

Briefly describe any skills you may have operating equipment, software, trade, craft or professional that may be helpful in this position.

Briefly describe your experience in emergency services.

List any other volunteer and/or community work or activities you feel might be helpful in emergency services.

Do you communicate in any other language(s) aside from English?

Language	Fluent	Moderate	Basic

7. EDUCATION:

School	Location	Couse of Study	Degree/Diploma
High School			
College			
Other			
Other			

Provide three personal references.

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

8. EMPLOYMENT HISTORY:

Attach additional sheets if necessary

May we contact your present/prior employer(s)?

Yes

No

N/A

Company Name	Dates Employed From	To
Address	Phone Number	
Job Title		
Duties		
Reason for Leaving		

Company Name	Dates Employed From	To
Address	Phone Number	
Job Title		
Duties		
Reason for Leaving		

Company Name	Dates Employed From	To
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Job Title		
Duties		
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Company Name	Dates Employed From	To
Address	Phone Number	
Job Title		
Duties		
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 CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING BELOW

By my signature and initials placed below, I affirm under the penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is provided voluntarily, is true and complete. And I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, even if the omission or falsehood does not directly relate to my job or is not discovered for many years. Initial _____

I give permission for a complete pre-employment physical examination, including a drug screening exam and x-rays and I consent to the release to Craig Rural Fire Protection District any and all medical information as may be deemed necessary, by the agency, in judging my capability to do the work for which I am applying. Initial _____

I authorize the investigation of all statements contained in this application. I also authorize contact with my present employer, past employers and any listed references. Initial _____

I authorize any persons, schools, current employers and organization named in this application form to provide Craig Rural Fire Protection District with relevant information and opinions that may be useful in making a hiring decision, and I release such persons and organizations from any legal liability for such information furnished. Initial _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time. Initial _____

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	Social Security Number	
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 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 _____, 20____.

My Commission Expires:

Notary Public