



Front Range Fire Rescue Authority

Application of Employment

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

Individuals hired by Front Range Fire Rescue Authority ("Authority") are "at-will" employees, meaning they may quit without prior notice at any time for any or no reason. Similarly, the Authority may terminate an employee at any time for any or no reason, subject only to the requirements of federal, state or local law. Nothing in this application alters an individual's at will employment.

The Authority 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 based on incorrect information.

The Authority fully supports, and complies with, all applicable federal, state and local laws relating to the hiring and employment of individuals. The Authority is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status or sexual orientation

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 Authority. Print clearly in black or blue ink, and answer each question fully and accurately. The Authority will not consider your application until all of the questions have been answered. Sign and date the form. Thank you for taking the time to complete this application.

PERSONAL INFORMATION

Position Applied For: Date you can begin:		Date of Application: Are you over 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Last Name		First Name	Middle Name
Address		City	State Zip Code
Do you have a current, valid Colorado drivers' license? NO <input type="checkbox"/> YES <input type="checkbox"/> DL# _____			
Email Address: Primary: Alternate:		Telephone Number(s) Primary: Alternate:	

EDUCATION

School	School Name and location	Course of Study	No. of yrs. Completed	Did You Graduate	Degree Diploma
Graduate					
College					
Business/Trade/Tech					
High School					
Elementary					

Other special training or skills (languages, certifications, machine operations, etc.)

Have you ever been employed by, or provided volunteer services to Johnstown Fire Protection District or Milliken fire Protection District? ☐ Yes ☐ No

Can you perform the essential function of the job with or without reasonable accommodations?
(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.) ☐ Yes ☐ No

Please state why you believe you are qualified for this position:

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. Attach additional pages if needed. **THIS SECTION MUST BE COMPLETED.**

Name and Address of Employer	From Mo/Year	To Mo/Year	Hourly Rate/Salary	Reason For Leaving
Telephone: Job Title: Describe your work:				
Name of Supervisor: Hours worked weekly:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name and Address of Employer	From Mo/Year	To Mo/Year	Hourly Rate/Salary	Reason For Leaving
Telephone: Job Title:				Describe your work:
Name of Supervisor:			Hours worked weekly:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name and Address of Employer	From Mo/Year	To Mo/Year	Hourly Rate/Salary	Reason For Leaving
Telephone: Job Title:				Describe your work:
Name of Supervisor:			Hours worked weekly:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name and Address of Employer	From Mo/Year	To Mo/Year	Hourly Rate/Salary	Reason For Leaving
Telephone: Job Title:				Describe your work:
Name of Supervisor:			Hours worked weekly:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Personal References

Give name, address and telephone number of references who are not related to you and are not previous employers or people you have worked with.

1) _____

2) _____

Business References

Give name, address and telephone number of references who are not related to you and are previous employers or people you have worked with.

1) _____

2) _____

Professional References

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, ancestry, or handicap or other protected status:

1) _____

2) _____

3) _____

POST-CONDITIONAL OFFER REQUIREMENTS

By signing this application, you acknowledge the Authority has a drug and alcohol policy, and agree to comply with that policy, including undergoing a drug/alcohol test if the Authority makes a conditional offer of employment to you. You further acknowledge and agree that if you fail, or refuse to submit to, the drug/alcohol test, you will not be eligible for employment with the Authority. 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 acknowledge that the Authority will check and confirm all information provided by you in this application if the Authority makes a conditional offer of employment to you.

APPLICANT'S CERTIFICATION AND SIGNATURE

I certify that answers given or documentation submitted with or in connection with this application herein are true and complete to the best of my knowledge.

I authorize investigation of all statements and documentation contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I acknowledge that the Authority will conduct drug/alcohol testing and conduct a background check if the Authority makes a conditional offer of employment to me.

I understand and acknowledge that neither this document nor any offer of employment from Front Range Fire Rescue Authority constitute an employment contract unless a specific document to that effect is executed by Front Range Fire Rescue Authority and employee in writing.

I authorize the references listed above to give you any information concerning my previous employment and pertinent information they may have, and release all parties from any liability for any damage that may result from providing the same.

I understand, also, that I am required to abide by all rules and regulations of Front Range Fire Rescue Authority.

Signature of Applicant

Date

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, national origin, handicap or veteran status.