

FRONT RANGE FIRE RESCUE

Employment Application

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

Individuals hired by Front Range Fire Rescue District are "at-will" employees, meaning they may quit without prior notice at any time for any or no reason; similarly, the District 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 individuals "at will" employment status.

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 his or her status in any class or 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 appreciate your interest in employment with the District. 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. Applications can be emailed to info@frfr.co or dropped off at the admin office between M-F 9:00-16:00 hours. Thank you for taking the time to complete this application.

Attach any certifications required for the position.

GENERAL INFORMATION

Position Applied For:			Date of Application:
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Email Address		Tele	phone Number
Primary:		II	nary:
Alternate:		Alte	rnate:
How did you hear about us?			

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.) \square Yes \square No If no, please describe:							
Are you legally eligible for employment in the U.S.? (Proof of eligibility to work in the U.S. will be required upon employment of all applicants.) \square Yes \square No							
Are you over the age of eighteen? □ Yes □ No							
Have you ever been employed by, or provided volunteer services to Johnstown Fire Protection District, Milliken Fire Protection District, or Front Range Fire Rescue Authority? ☐ Yes ☐ No If yes, give dates:							
Do you know anyone who works or volunteers at Front Range Fire Rescue? ☐ 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:							
Are you currently employed? □ Yes □ No If yes, may we contact your employer? □ Yes □ No							
Do you have a valid Colorado Driver's License?□ Yes □ No							
EMPLOYMENT EXPERIENCE							
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 sheets if needed. THIS SECTION MUST BE COMPLETED							
1) Name and Address of Employer	From	То	Hourly Rate/Salary	Reason For Leaving			
Telephone:							
Job Title:	Work Perform	ned:					
Name of Supervisor:							

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2) Name and Address of Employer				
, ,	From	То	Hourly Rate/Salary	Reason For Leaving
	Tiom		Rate/Salary	Reason For Leaving
Telephone:				
Job Title:	Work Perform	ed:		
Name of Supervisor:				
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3) Name and Address of Employer		T	Hourly	D
	From	To	Rate/Salary	Reason For Leaving
Telephone: Job Title:	Work Perform	ed:		
Name of Supervisor:				
4) Name and Address of Employer			Hourly	
	From	To	Rate/Salary	Reason For Leaving
Telephone:				
Job Title:	Work Perform			
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Name of Supervisor:	Work I crioini	ed:		
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	High School (GED)	Undergraduate College/University	Graduate/Professiona
School Name and location		3.7	
Diploma/Degree Date Obtained			
Describe Course of Study, if applicable			
State any additional information paper if necessary.		ul to us in considering your app	olication. Use additional
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certify that the answers g		TION AND SIGNATURE cluding any documentation ste.	
Applicant's signature		Date	