 Application of Employment

**Front Range Fire Rescue Authority**

**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 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 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.

**GENERAL INFORMATION**

Position Applied For:

Date of Application:

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number(s)

Primary:

Alternate:

Email Address

Primary:

Alternate:

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 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.)

🞎 Yes 🞎 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 or Milliken fire Protection District?

🞎 Yes 🞎 No If yes, give dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who works or volunteers at Front Range Fire Rescue Authority?

🞎 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

Do you have a valid Colorado Driver’s License?

🞎 Yes 🞎 No

**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 sheets if needed.

**THIS SECTION MUST BE COMPLETED**.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1) Name and Address of Employer | From | | To | | Hourly Rate/Salary |  |  |  |
|  | Reason For Leaving | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Telephone: |  |  |  |  |  |  |  |  |
| Job Title: | Work Performed: | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Name of Supervisor: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2) Name and Address of Employer | From | | To | | Hourly Rate/Salary |  |  |  |
|  | Reason For Leaving | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Telephone: |  |  |  |  |  |  |  |  |
| Job Title: | Work Performed: | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Name of Supervisor: |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3) Name and Address of Employer | From | | To | | Hourly Rate/Salary |  |  |  |
|  | Reason For Leaving | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Telephone: |  |  |  |  |  |  |  |  |
| Job Title: | Work Performed: | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Name of Supervisor: |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4) Name and Address of Employer | From | | To | | Hourly Rate/Salary |  |  |  |
|  | Reason For Leaving | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Telephone: |  |  |  |  |  |  |  |  |
| Job Title: | Work Performed: | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Name of Supervisor: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone |
|  |  |  |
|  |  |  |
|  |  |  |

**EDUCATION BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
|  | High School (GED) | Undergraduate College/University | Graduate/Professional |
| School Name and location |  |  |  |
| Diploma/Degree Date Obtained |  |  |  |
| Describe Course of Study, if applicable |  |  |  |
| Describe any Job related Certifications |  |  |  |
| State any additional information you feel may be helpful to us in considering your application. | | | |

**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 CERTFICATION AND SIGNATURE**

I certify that the answers given in this application, including any documentation submitted with, or in connection with, this application are true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s signature** **Date**