La Salle Fire Protection District

PERSONAL INFORMATION

NAME:

_____

LAST FIRST MIDDLE

STREET ADDRESS:_____

CITY:_____ STATE:_____ZIP CODE:_____

PRIMARY PHONE:_____

ALT PHONE:_____

EMAIL ADDRESS:_____

EMERGENCY CONTACT NAME:_____

EMERGENCY CONTACT PHONE:_____ALT PHONE:_____

RELATIONSHIP:_____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?	YES: ☐	NO: ☐
ARE YOU 18 YEARS OF AGE OR OLDER?	YES: ☐	NO: ☐
ARE YOU A LEGAL CITIZEN OF THE UNITED STATES?	YES: ☐	NO: ☐
POSITION YOU ARE APPLYING FOR:		
CAREER VOLUNTEER/RESERVE		
HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE?	YES: ☐	NO: ☐
IF YES, POSITION APPLIED FOR:		
HAVE YOU EVER WORKED AT THIS ORGANIZATION BEFORE?	YES: ☐	NO: ☐
IF YES, WHAT POSTION:		
WHEN WERE YOU EMPLOYED AT THIS ORGANIZATION:		
REASON FOR LEAVING:		
HOW WERE YOU REFERRED TO THIS ORGANIZATION:		

La Salle Fire Protection District

EDUCATION

NAME OF HIGH SCHOOL:

CITY: STATE:

DID YOU GRADUATE? YES:_____ NO:_____

NAME OF COLLEGE:

CITY: STATE:

COLLEGE MAJOR/MINOR:

DID YOU GRADUATE? YES:_____ NO:_____

DEGREE RECEIVED:

OTHER EDUCATION:

CITY: STATE:

SUBJECT STUDIED:

DID YOU GRADUATE? YES:_____ NO:_____

DEGREE/CERTIFICATE RECEIVED:

COLORADO/IFSAC CERTS	STATE CERT #	IFSAC CERT #
FIREFIGHTER I EXPIRES:		
FIREFIGHTER II EXPIRES:		
HAZMAT OPERATIONS EXPIRES:		
HAZMAT TECHNICIAN EXPIRES:		

Continues on next page

	STATE CERT #	IFSAC CERT #
DRIVER/OPERATOR UTILITY EXPIRES:		
DRIVER/OPERATOR PUMPER EXPIRES:		
DRIVER/OPERATOR AERIAL EXPIRES:		
FIRE INSTRUCTOR I EXPIRES:		
FIRE OFFICER I EXPIRES:		
FIRE OFFICER II EXPIRES:		
FIRE OFFICER III EXPIRES:		

EMS CERTIFICATIONS		
	CERTIFICATION NUMBER	EXPIRATION DATE
FIRST RESPONDER		
STATE EMT		
STATE PARAMEDIC		
NATIONAL REGISTRY		
CPR	N/A	
ACLS (IF PARAMEDIC)	N/A	
OTHER:		
OTHER:		
OTHER:		
OTHER:		

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OTHER CERTIFICIATIONS NOT PREVIOUSLY LISTED:
*PLEASE LIST OTHER CERTIFICATIONS SEPERATED BY COMMAS. FOR EXAMPLE, NWCG COURSE CERTIFICATIONS, OTHER STATE CERTIFICATIONS, OTHER EMS CERTIFICATIONS, INSPECTOR AND INSTRUCTOR CERTIFICATIONS, ETC. PLEASE DO NOT LIST CLASSES THAT YOU HAVE TAKEN FOR FURTHER EDUCATION.

OTHER CERTIFICATIONS: _____

_____

_____

_____

EMPLOYMENT HISTORY
* LIST LAST THREE EMPLOYERS BEGINNING WITH CURRENT OR MOST RECENT

EMPLOYER _____

STREET ADDRESS: _____

CITY : _____ STATE: _____ ZIP : _____

START DATE: _____ END DATE: _____

JOB TITLE: _____

MAY WE CONTACT YOUR SUPERVISOR? YES_____ NO_____

NAME OF SUPERVISOR: _____

SUPERVISOR PHONE: _____

DESCRIPTION OF WORK: _____

_____

REASON FOR LEAVING: _____

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EMPLOYMENT HISTORY
* LIST LAST THREE EMPLOYERS BEGINNING WITH CURRENT OR MOST RECENT

EMPLOYER

STREET ADDRESS:

CITY : STATE: ZIP :

START DATE: END DATE:

JOB TITLE:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR:

SUPERVISOR PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

EMPLOYMENT HISTORY
* LIST LAST THREE EMPLOYERS BEGINNING WITH CURRENT OR MOST RECENT

EMPLOYER

STREET ADDRESS:

CITY : STATE: ZIP :

START DATE: END DATE:

JOB TITLE:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

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NAME OF SUPERVISOR:

SUPERVISOR PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

REFERENCES
* LIST THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME:

PHONE NUMBER:

RELATIONSHIP:

NAME:

PHONE NUMBER:

RELATIONSHIP:

NAME:

PHONE NUMBER:

RELATIONSHIP:

SERVICE RECORD (IF APPLICABLE)

BRANCH OF SERVICE:

PRESENTLY IN RESERVES OR BRANCH? YES_____ NO_____

RANK OBTAINED:

DISCHARGE DATE: DATE OBLIGATION ENDS:

SPECIAL QUESTIONS

WE ARE AN EQUAL OPPURTUNITY EMPLOYER, IF REASONABLE ACCOMMODATIONS ARE NEEDED TO PERFORM THE PRIMARY DUTIES AND RESPONSIBILITIES FOR THIS POSITION, PLEASE LIST THEM BELOW.

WHAT FOREIGN LANGUAGES CAN YOU SPEAK?

WHAT FOREIGN LANGUAGES CAN YOU WRITE?

WHAT FOREIGN LANGUAGES CAN YOU READ?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES ☐ NO ☐

IF YES, DESCRIBE:

YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU APPLIED.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE ORGANIZATION'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE ORGANIZATION'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE ORGANIZATION.

SIGNATURE: _____

DATE: _____