

La Salle Fire Protection District



## PERSONAL INFORMATION

NAME:					
LAST	FIRST	MIDDLE			
STREET ADDRESS:					
CITY:	STATE:	ZIP CODE:			
PRIMARY PHONE:					
EMERGENCY CONTACT	PHONE:	ALT PHONE:			
	FROM LAWFULLY BECOMING MMIGRATION STATUS?	EMPLOYED IN THIS COUNTRY	YES:	NO:	
ARE YOU 18 YEARS OF	YES:	NO:			
ARE YOU A LEGAL CITIZEN OF THE UNITED STATES?				NO:	
POSITION YOU ARE APPLYING FOR:					
CAREER VOLUNTEER	R/RESERVE				
HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? YES: NO					
IF YES, POSITION APPL	IED FOR:		_		
HAVE YOU EVER WORKED AT THIS ORGANIZATION BEFORE? YES: NO					
IF YES, WHAT POSTION	l:				
WHEN WERE YOU EMPLOYED AT THIS ORGANIZATION:					
REASON FOR LEAVING:					
HOW WERE YOU REFERRED TO THIS ORGANIZATION:					



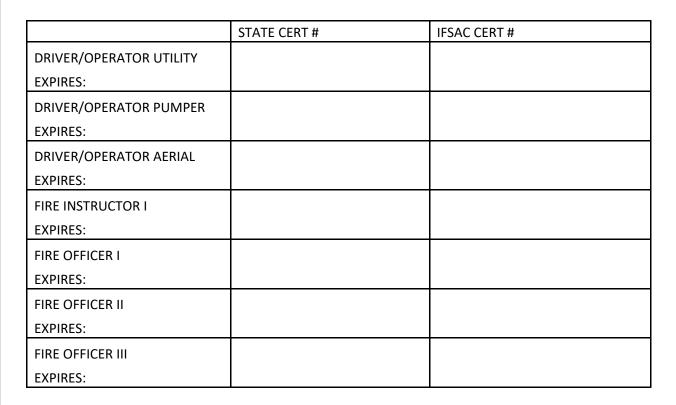


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EDUCATION				
NAME OF HIGH SCHOOL:				
CITY:	STATE			
	517/12	•		
DID YOU GRADUATE?	YES: I	NO:	-	
NAME OF COLLEGE:				
CITY:	STATE	:		
COLLEGE MAJOR/MINOR:				
DID YOU GRADUATE?				
	123		_	
DEGREE RECEIVED:				
OTHER EDUCATION:				
CITY:	STATE	:		
SUBJECT STUDIED:				
DID YOU GRADUATE?	YES:	NO:		
DEGREE/CERTIFICATE RECEIV	/ED:			
COLORADO/IFSAC CERTS			STATE CERT #	IFSAC CERT #
FIREFIGHTER I				
EXPIRES:				
FIREFIGHTER II				
EXPIRES:				
HAZMAT OPERATIONS				
EXPIRES:				
HAZMAT TECHNICIAN				
EXPIRES:				l
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EMS CERTIFICATIONS		
	CERTIFICATION NUMBER	EXPIRATION DATE
FIRST RESPONDER		
STATE EMT		
STATE PARAMEDIC		
NATIONAL REGISTRY		
CPR	N/A	
ACLS (IF PARAMEDIC)	N/A	
OTHER:		





La Salle Fire Protection District

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 EMI	<b>PLOYERS BEGINNING</b>	WITH CURRENT O	R MOST RECENT
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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:					
pg. 4	www.lasallefire	e.com			

LASALLE San	Salle Fire	Protectiu	m Dii	strict	LASALLE
EMPLOYMENT HISTORY * LIST LAST THREE EMPLOYERS B	EGINNING WITH CUR	RENT OR MOST RE	CENT		
EMPLOYER					
STREET ADDRESS:					
CITY :	STATE:		ZIP :		
START DATE:		END DATE:			
JOB TITLE:					
MAY WE CONTACT YOUR SUPER	VISOR?			YES	NO
NAME OF SUPERVISOR:					
SUPERVISOR PHONE:					
DESCRIPTION OF WORK:					
REASON FOR LEAVING:					
EMPLOYMENT HISTORY * LIST LAST THREE EMPLOYERS B	EGINNING WITH CUR	RENT OR MOST RE	CENT		
EMPLOYER					
STREET ADDRESS:					
CITY :	STATE:		ZIP :		
START DATE:		END DATE:			
JOB TITLE:					
MAY WE CONTACT YOUR SUPER	VISOR?			YES	NO
pg. 5	www.lasallefi	re.com			





## 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:

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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.



La Salle Fire Protection District

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: