

# Clifton Fire Protection District

## Employment Application

3254 F Road/ PO Box 386, Clifton, CO 81520  
970-434-5448



### APPLICANT INFORMATION

Last Name		First Name		M.I.		Date	
Street Address				Apt/Unit #			
City		State		Zip Code			
Phone			E-mail				
Date Available			Position Applying For				
Are you 18 or Older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever worked for this Fire District?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, when?				

### EDUCATION

High School			Address				
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
College			Address				
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree				
Trade School/Other			Address				
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree				

### PERFORMANCE OF ESSENTIAL FUNCTIONS

I have received and reviewed the job description.	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
I meet all required educational, experience, and certification/license qualifications of the job.	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
If No, what qualifications do you lack?							
I reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>					

### QUALIFICATIONS/CERTIFICATIONS

*\*Choose the certifications currently held.*

National Registry	EMT <input type="checkbox"/>	EMT-I <input type="checkbox"/>	Paramedic <input type="checkbox"/>	State EMS	EMT <input type="checkbox"/>	EMT-I <input type="checkbox"/>	Paramedic <input type="checkbox"/>		
State Fire & HazMat	FFI <input type="checkbox"/>	FFII <input type="checkbox"/>	Fire Officer I <input type="checkbox"/>	Fire Officer II <input type="checkbox"/>	Fire Instructor <input type="checkbox"/>	DO <input type="checkbox"/>	HazMat Ops <input type="checkbox"/>	HazMat	
Are you on Protocol in Mesa County	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, have you started the process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

*Please list any special qualifications and/or certifications that pertain to the position applying for:*

--	--	--	--	--	--	--	--	--	--

### PREVIOUS EMPLOYMENT

Company				Phone					
Address				Supervisor					
Job Title			From		To				

Reason for Leaving					
May we contact this supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone			
Address		Supervisor			
Job Title		From		To	
Reason for Leaving					
May we contact this supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone			
Address		Supervisor			
Job Title		From		To	
Reason for Leaving					
May we contact this supervisor for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been fired from a job or quit under threat of being fired?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, when?		Who was the employer?			
What reason did the employer give you for your dismissal or forced resignation?					
<b>REFERENCES</b>					
Full Name		Relationship		Years Known	
Email		Phone			
Full Name		Relationship		Years Known	
Email		Phone			
Full Name		Relationship		Years Known	
Email		Phone			
<b>MILITARY SERVICE &amp; BACKGROUND</b>					
Branch		From		To	
Rank at Discharge		Type of Discharge			
Do you or have you ever gone by another name?		Yes <input type="checkbox"/> No <input type="checkbox"/>	List		
<b>DISCLAIMER AND SIGNATURE</b>					
<p>I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I understand that CFPD will require me to complete a background check with respect to any criminal history during the application process. I authorize CFPD to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record, and to obtain a consumer report regarding me. I agree to assist DT Swiss in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. <b>All employment with CFPD is at-will, meaning that all employment with CFPD may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or CFPD.</b> I understand that CFPD has policies and procedures that I must follow, if hired. I understand that CFPD reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with CFPD. I certify that I am submitting this application because of a good faith desire for employment with CFPD. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.</p>					
Signature				Date	