



## Application for Employment Upper Pine River Fire Protection District

AN EQUAL OPPORTUNITY EMPLOYER

515 Sower Dr, Bayfield, CO 81122 • (970) 884-9508

Please send  
application and all  
attachments to:  
**hr@upperpinefpd.org**

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.**

**INSTRUCTIONS: FF/EMT Wildland Positions require that State issued Driving Record (MVR - Motor Vehicle Report) must be attached to the application in order to be accepted. A current driver's license and physical fitness (CPAT) to Arduous (WCT) is also required for these positions.**

Each question should be fully and accurately answered. Use blank paper or attach an additional file if you do not have enough room. Please print or type.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Best contact Phone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Time

Part Time

FF/EMT

Wildland

Admin

Other

Have you ever been employed or educated under another name?

Yes

No

If yes, please state name(s):

Have you ever filed an application for employment or been employed by this agency before?

Yes

No

If yes, give dates(s):

Are you legally eligible for employment in the United States?

Yes

No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?

(Conviction will not necessarily disqualify an applicant from employment.)

Yes

No

If yes, please provide date(s) and details:

What is your desired salary range or hourly rate of pay? \$\_\_\_\_\_ Per \_\_\_\_\_

Will you work overtime if required? Yes No If **no**, please explain

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Yes

No

## WORK EXPERIENCE

Describe your current or most recent position in the first box and work backwards, describing each position you have held. List all full and part-time employment information. If you need additional space, please continue on a separate sheet of paper. A resume must also be attached **in addition** to providing the information requested below.

Employer	Phone
Address	Employed - (Month/Year to Month/Year) From to
Name of Supervisor	Compensation Start Last
Job Title:	
Job Description:	
Why did you leave?	

Employer	Phone
Address	Employed - (Month/Year to Month/Year) From to
Name of Supervisor	Compensation Start Last
Job Title:	
Job Description:	
Why did you leave?	

Employer	Phone
Address	Employed - (Month/Year to Month/Year) From to
Name of Supervisor	Compensation Start Last
Job Title:	
Job Description:	
Why did you leave?	

**We may contact the employers listed above unless you indicate those you do not want us to contact.**

**DO NOT CONTACT:** \_\_\_\_\_

**REASON:**

**EDUCATION**

School	Name & Location of School	Course of Study	Years of Study	Degree
Graduate				
College				
High School				
Other				

List work related special accomplishments, publications, awards, etc.

**TRAINING**

If you have completed any other courses or training related to the job posting, please indicate below.

Month/Year Training Completed	Total Classroom Hours	Course Title	Name/Location of School or Facility ( City/ State )	Certificate/Diploma (if any)

**FIRE & EMERGENCY MEDICAL EXPERIENCE**

Have you ever been a member of a volunteer or on-call fire department, rescue squad, emergency medical service provider, or similar organization?			Yes	No
If "yes," Name of Organization:				
Street address:		City:		State:
Dates of service:		Supervisor:		
Reason for Leaving:				
List all related training that you have completed:				

## MILITARY SERVICE RECORD

Have you ever served in the U.S. Military Service?

Yes

No

If yes, list branch, dates, and skills acquired (including special training):

## REFERENCES

**List three people not related to you, who have known you for at least one year, and who know your qualifications for the job for which you are applying. Do not list supervisors you listed in the Work Experience area.**

Full Name of Reference	Present Business or Home Address	Telephone Number(s) with Area Code

## APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 30 days or the close of position posting. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Upper Pine River Fire Protection District is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Upper Pine River Protection District specifically acknowledges such change in writing.

I also understand that upon a job offer, I will be asked to submit to a background check, and if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

*I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name typed (if unable to add written signature to pdf application at this time)

**Your State issued current Driving Record must be attached to this Application in order to be accepted.**