



7903 Allison Way Arvada CO 80005 303-424-3012 303-432-7995 fax

Employment Application

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

The District 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 at any point in the future if you are hired.

The District fully supports, and complies with, all applicable federal, state and local laws relating to the hiring and employment of individuals. The District 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 District. Print clearly in black or blue ink, and answer each question fully and accurately. The District will not consider your application until all of the questions have been answered and the application has been signed and dated. Thank you for taking the time to complete this application.

GENERAL INFORMATION

Position Applied For:	Date of Application:
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Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s) Primary: Alternate:	Email Address(es) Primary: Alternate:	

Can you perform the essential functions of the job with or without reasonable accommodation?

(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 for all applicants.)

Yes No

Are you over the age of eighteen?

Yes No

Have you ever been employed by, or provided volunteer services to, the District?

Yes No If yes, give dates: _____

Do you know anyone who works or volunteers at *Arvada Fire Protection District*?

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: _____

Have you been convicted of a misdemeanor and/or felony involving theft, violence, illegal drugs or alcohol within the last five years? "Convicted" means a final judgment on a verdict or a finding of guilty, or a plea of no contest in any state or federal court of competent jurisdiction in a criminal case, regardless whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

Yes No If yes, please explain: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE AND REFERENCES

Start with your present or last job and explain any significant gaps in time. Include all job-related military service assignments and volunteer activities. Attach additional sheets if needed.

THIS SECTION MUST BE COMPLETED

I) Name and Address of Employer Telephone: Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					
II) Name and Address of Employer Telephone: Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					
III) Name and Address of Employer Telephone: Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					
IV) Name and Address of Employer Telephone: Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					

Are you currently employed?

Yes No

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

Name	Address	Telephone

EDUCATIONAL BACKGROUND, IF ANY

	High School (or GED)	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree 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 District has a drug and alcohol policy, and agree to comply with that policy, including undergoing a drug/alcohol test if the District makes a conditional offer of Employment. 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 District. 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 District will check and confirm all information provided by you in this application if the District makes a conditional offer of employment.

APPLICANT'S CERTIFICATION 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