



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

# Volunteer Reserve Firefighter Application

**PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION**

This is a volunteer position within the meaning of the Fair Labor Standards Act of 1938, 29 U.S.C.A. §§ 201, et seq. (FLSA), and the regulations of the US Department of Labor Wage and Hour Division, 29 C.F.R. § 553.100 et seq., interpreting and implementing the FLSA. As such, individuals participating in the District's Volunteer Reserve Firefighter Program ("Program") do so for civic, charitable and/or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, as defined under the FLSA and the related regulations.

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 accepted into the Program or immediate termination at any point in the future if you are accepted into the Program.

The District fully supports, and complies with, all applicable federal, state and local laws relating to the appointment of individuals to the Program. 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. Sign and date this form. 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 crime (other than a minor traffic offense) 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.

*(A record of criminal conviction(s) will not necessarily disqualify you from volunteer service.)*

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 any job-related military service assignments and volunteer activities. **THIS SECTION MUST BE COMPLETED - (you may, but are not required to, attach a resume in addition to completing this Section).**

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

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 for you to participate in its Volunteer Program. You further acknowledge and agree that if you fail, or refuse to submit to, the drug/alcohol test, you will not be eligible to volunteer 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 for you to participate in its Volunteer Program.

### 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**