



**Telluride Fire Protection District
Employment Application
131 West Columbia Avenue/ PO Box 1645
Telluride, CO 81435. 970-728-3801**

Personal Information

Last: _____ First: _____ Middle: _____

Physical Address: _____

Mailing Address: _____

Email Address _____

Cell: _____ Home: _____ Work: _____

Gender: _____

Height: _____ Weight: _____ (lbs.)

Health Status: Excellent Good Fair Poor

Marital Status: _____

Spouse's Name: _____

United States Citizen? YES NO

Are you authorized to work in the United States? YES NO

Employment Information

Current Employer: _____

Occupation: _____ Years at company? _____

Address: _____

Phone: _____

Previous Employer: _____

Occupation: _____ Years at company? _____

Reason for leaving? _____

Address: _____

Phone: _____

Previous Employer: _____

Occupation: _____ Years at company? _____

Reason for leaving? _____

Address: _____

Phone: _____

References

(List five people who are familiar with your work experience- not related)

Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education and Experience

High School/ GED: (graduate) YES NO _____

College/ Trade School: _____

Degree earned? _____

Graduate School: _____

Degree earned? _____

Qualifications/Certifications

(List all qualifications and/or certifications already obtained that are relevant to the position)

Background and Driving Record Check

Note: The existence of a criminal record may not automatically disqualify you from being employed with the Telluride Fire Protection District, although certain types of criminal convictions may prohibit employment.

Have you been convicted or pleaded guilty or no contest to, or placed on probation for a violation of the law? (Excluding minor violations and minor traffic violations). YES NO

Nature of offense: _____

Disposition: _____

Nature of offense:

Disposition: _____

Personal statement of interest (why do you desire employment with the Fire District? What will the district gain from you? What do you expect to gain as an employee?) (What is your plan for living and working in the area?) Use extra pages, if necessary?

Certification and Release (read carefully prior to signing)

I certify that the answers and information provided by me in this application are true, correct and complete to the best of my knowledge. I understand that Telluride Fire Protection District (TFPD) has the right to refuse employment or immediately discharge at any time if it is discovered that I have provided incomplete, untrue, or misleading information in this application and on any other documentation submitted at any time during the application process or my employment term.

I authorize TFPD and its agents, including authorized third parties, to verify the answers and information provided to TFPD in this application and to make any investigation of my background as deemed necessary. I authorize former employers, law enforcement organizations, education institutions, and any other third party contacted by TFPD or its representatives, to release any information they have regarding me. I hereby release from liability TFPD and its representatives for seeking such information and all other persons, corporations or organizations for furnishing information. I authorize investigation of all information as may be necessary to arrive at an employment decision.

I agree that if I am selected as an employee of TFPD, I will comply with the rules, regulations, policies, procedures, protocols, standard operating guidelines, employee manual and cost containment plan as set forth. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may be changed, interpreted, withdrawn, updated or added to by TFPD as necessary and without any prior notice to me.

I understand that this is not a contract of employment as the fire district is an "at will" employer. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either TFPD or myself.

I understand that it is my responsibility to keep TFPD informed of changes in my application to include address, phone number, email address and other necessary/ needed information.

I also understand that, depending on TFPD policy, post offer I may be required to submit to and pass a drug test, medical and psychological review by a medical professional designated by TFPD and TFPD has the right to obtain and review such results.

Signed: _____ Date: _____

For Official Use

Date Received: _____

Received By: _____

Date of Interview: _____