



# Front Range Fire Rescue Authority

## Application of Employment

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

Individuals hired by Front Range Fire Rescue Authority (“Authority”) are “at-will” employees, meaning they may quit without prior notice at any time for any or no reason. Similarly, the Authority may terminate an employee at any time for any or no reason, subject only to the requirements of federal, state or local law. Nothing in this application alters an individual’s at will employment.

The Authority 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 of your employment at any point in the future if you are hired based on incorrect information.

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

### GENERAL INFORMATION

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

Can you perform the essential function of the job with or without reasonable accommodations?

(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 of all applicants.)

Yes  No

Are you over the age of eighteen?

Yes  No

Have you ever been employed by, or provided volunteer services to Johnstown Fire Protection District or Milliken fire Protection District?

Yes  No If yes, give dates: \_\_\_\_\_

Do you know anyone who works or volunteers at Front Range Fire Rescue Authority?

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: \_\_\_\_\_

Are you currently employed?

Yes  No

Do you have a valid Colorado Driver's License?

Yes  No

## EMPLOYMENT 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. Attach additional sheets if needed.

**THIS SECTION MUST BE COMPLETED.**

1) Name and Address of Employer	From	To	Hourly Rate/Salary	Reason For Leaving
Telephone:				
Job Title:	Work Performed:			
Name of Supervisor:				

2) Name and Address of Employer	From	To	Hourly Rate/Salary	Reason For Leaving
Telephone:				
Job Title:	Work Performed:			
Name of Supervisor:				

3) Name and Address of Employer	From	To	Hourly Rate/Salary	Reason For Leaving
Telephone:				
Job Title:	Work Performed:			
Name of Supervisor:				

4) Name and Address of Employer	From	To	Hourly Rate/Salary	Reason For Leaving
Telephone:				
Job Title:	Work Performed:			
Name of Supervisor:				

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

Name	Address	Telephone

**EDUCATION BACKGROUND**

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

**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**