



Burning Mountains Fire Protection District

Volunteer Firefighter Application Form

Please Print All Information



Date: _____

Name: _____
Last
First
Middle
Maiden

Present Address: _____
Number
Street
City
State
Zip

How long at current address? _____ Social Security No. _____

Telephone: (____) _____ - _____ Cell #: (____) _____ - _____

Work # (____) _____ - _____ Email Address: _____

****OPTIONAL** Date of Birth _____ State of Birth _____

Position applied for: _____ (Be specific)	Days/Hours available to work
	No Pref _____ Thursday _____
	Monday _____ Friday _____
	Tuesday _____ Saturday _____
	Wednesday _____ Sunday _____

How many hours can you work weekly? _____

When are you available to start? _____

Education	Location (Complete mailing address)	No. of Years	Certificates or Degree

Have you ever been convicted of a crime? Yes No
 A Conviction record will not necessarily disqualify you.
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do You Have A Driver's License? Yes No Make & Model of Vehicle _____

Driver's license number: _____ State of issue: _____ Expiration Date: _____

Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? How Many? _____

Have you had any DUI's during the past three years? How Many? _____

Please list two references, other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

Military Service

Have You Ever Been In The Armed Forces? Yes No

Are You Now A Member Of The National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your fire department related work experience.

Name of Fire Department _____	Name of last supervisor _____	Employment Dates
Address _____	Duties performed:	From _____
City _____ State _____ Zip _____		To _____
Phone number (____) _____		
Reason for leaving (be specific) _____		

Name of Fire Department _____	Name of last supervisor _____	Employment Dates
Address _____	Duties Performed	From _____
City _____ State _____ Zip _____		To _____
Phone number (____) _____		
Reason for leaving (be specific) _____		

List the jobs that you held with any department, skills used or learned, advancements or promotions while you worked at this company.

Did you complete this application yourself? Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied? Yes No If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

Burning Mountains Fire Protection District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, or age. We assure you that your opportunity for employment with Burning Mountains Fire Protection District depends solely on your qualifications.

Signature of applicant _____ Date _____



Please return the completed application to:
Burning Mountains Fire Protection District
P.O. Box 2
611 Main Street
Silt, Colorado 81652
(970) 876-5738
fax (970) 876-2774
burningmntsfpd@msn.com

By my signature and initial placed below, I affirm under penalty of perjury, that the information provided in this volunteer application (and accompanying resume, if any) is provided voluntarily, is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, even if the omission or falsehood does not directly relate to my job or is not discovered for many years.

_____Initials

I give permission for a complete pre-employment physical examination, including a drug screening exam and x-rays, and I consent to the release to the Burning Mountains Fire Protection District of any and all medical information, as may be deemed necessary by the Burning Mountains Fire Protection District, in judging my capability to do the work for which I am applying.

_____Initials

I authorize the investigation of all statements contained in this application. I also authorize the Burning Mountains Fire Protection District to contact my present employer, past employers, and any listed references.

_____Initials

I authorize a search of my criminal justice record and if required, for the position for which I am applying, consent to a polygraph test and credit check.

_____Initials

I authorize any persons, schools, current employers and organizations named in this application form to provide the Burning Mountains Fire Protection District with relevant information and opinions that may be useful to the Burning Mountains Fire Protection District in making a hiring decision, and I release such persons and organizations from any legal liability for such information furnished.

_____Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time subject to the provisions of the Personnel Policy Manual as the same may be amended. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

_____Initials

Date: ____ / ____ / _____ Signature: _____

Background Authorization Form
Personal Information

Name: _____ SSN _____ - _____ - _____

**Previous Names Used: (Within the past 7 years) _____

Current Home Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? _____

Previous Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How Long? _____

**Date of Birth: ____ / ____ / ____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? Y _____ N _____

If yes, provide explanation:

Year of Offense: ____ County offense was committed: ____ Offense Description: _____

**THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release BACKGROUND NETWORK, INC. d.b.a. CRIMCHECK.COM and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: _____ Date ____ / ____ / ____

For residents of CA, MN and OK:

You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

By checking this box, I request a free copy of the report.

Fair Credit Reporting Act Notification

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.