



**ESTES VALLEY FIRE PROTECTION DISTRICT
AUXILIARY EMPLOYMENT APPLICATION**

901 North Saint Vrain Ave.
Estes Park, CO 80517
(970) 577-0900; (970) 5770923 (fax)
www.estesvalleyfire.org

FOR OFFICE USE ONLY:

Date Received:

NAME (LAST, FIRST, MIDDLE INITIAL):

POSITION APPLIED FOR:

DATE:

INSTRUCTIONS: Please complete this application in its entirety. Type or print legibly and accurately. No action will be taken on this application until all questions have been answered. If the space provided is not adequate, add another page and identify the additional information by item number. Resumes may be submitted as additional details, but not in place of information requested.

BIOGRAPHICAL INFORMATION

Name (Last, First, Middle):

Other names by which you are (or have been) known:

Mailing Address:

Home Phone:

Cell Phone:

Cell Phone Carrier:

Email Address:

Social Security Number:

Are you 18 years of age or older? Yes No

MILITARY SERVICE

Have you ever been in the United States Military? Yes No

What is the Branch of Service?

Type of discharge?

EMPLOYMENT HISTORY

May we contact your current or prior employers? Yes No

If YES, please provide names and contact information.

DRIVING RECORD

Do you have a valid driver's license? Yes No

State:

Type:

Number:

Exp. Date:

Any Restrictions?

What other states or countries have you held a driver's license in? List years.

List all traffic citations you have received in the past 3 years (exclude parking). Give the Date(s), Violation(s), City, and State.

PERSONAL CHARACTERISTICS

Affirmative answers to this question do not automatically disqualify you for this position. Withholding information will be grounds for automatic disqualification.

Have you ever been convicted of a felony, or any alcohol-related offenses, including Driving Under the Influence (DUI)? Yes No

If yes, explain in detail. Include date (s) and type of violation (s), City, and State.

SPECIAL SKILLS AND KNOWLEDGE

List any special skills or knowledge that you would bring to the Estes Valley Fire Protection District:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of my criminal history and any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer (except previously noted), past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that the Estes Valley Fire Protection District may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete copy of their report.

I understand that if I am extended an offer of employment, it may be conditioned upon my successful passing one or more pre-employment screenings, including physical examinations, psychological screening, and drug and/or alcohol testing. If required, I consent to the Screenings and the release of any or all medical information as may be deemed necessary to judge my capability to do the work that I am applying for. I consent to a pre or post employment drug and/or alcohol screen as a condition of employment if required.

I understand that this application, verbal statements by EVFPD representatives, or subsequent employment, do not create an expressed or implied contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason, and with or without notice.

I have read, understand, and my signature consents to these statements.

Signature:

Date:

(Applications without a signature will be automatically rejected.)



ESTES VALLEY FIRE PROTECTION DISTRICT
PREVENT PREPARE PERFORM

Criminal Background Check

Please complete the following information:

I _____ authorize the Estes Valley Fire Protection District to perform a criminal background check.

Name: _____
First Middle Last Maiden

Driver's License#: _____

Social Security #: _____

Date of Birth: _____

I authorize the Estes Valley Fire Protection District to conduct a criminal background investigation with the understanding that any felony convictions found will become a matter of public record. I further understand and acknowledge my rights under federal privacy laws, including the Privacy Act of 1974, with respect to access and disclosure of information, and hereby waive such rights with the understanding that any and all information furnished will only be used in connection with the consideration of this application.

Signature: _____ Date: _____

For internal staff use

CBI check performed by:

Date CBI check performed:

Results of check:

Serving the Residents and Visitors of the Estes Valley with Superior Fire and Safety Services

901 N. SAINT VRAIN AVE. ESTES PARK CO 80517 970-577-0900 FAX 970-577-0923

Non-Certified Search Fee - \$9.25
Certified Search Fee - \$10.25

Certified Record

Permission to Release Driver Records to Self or Another Person

Driver License Offices provide only personal driving record information.

**Records and/or other requests are available only at 3265 S. Wadsworth Blvd.
#3A, Lakewood, CO 80027**

Pursuant to § 42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

7 Year Driver Record

Full Driver Record

Commercial Driver Record

Other

If you are requesting a copy of a confidential crash (counter) report (Pursuant to § 42-4-1610, C.R.S.), fill out the following.

Confirmation Number

Date of Crash (MM/DD/YY)

Driver

Last Name (Please print)

First Name

Driver Date of Birth

Driver License Number

Signature

Date (MM/DD/YY)

Signature of Parent or Guardian if Driver is a Minor

Date (MM/DD/YY)

Check if to self

Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§ 24-72-204, § 42-1-206 (1)(b)(I)).

Person Receiving Record

I hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:

Release Records to: Last Name

First Name

Driver License Number

State

Company (if applicable)

Mailing Street Address

City

State ZIP Code

Email Address

Phone Number

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver license or identification card until the original check is redeemed and an administrative and short check fee are paid.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil or criminal penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requester

Date (MM/DD/YY)