

CLEAR CREEK FIRE AUTHORITY

681 County Road 308 · PO Box 507 · Dumont, CO 80436 · Phone 303-567-4342 · Fax 303-567-4739

Volunteer Application

Date: _____ Date Received: _____ Chief's Approval: _____

Department: Dumont Idaho Springs Empire Georgetown Floyd Hill St. Mary's Silver Plume York Gulch

Full completion of application is required; however, a resume and/or additional pages may be attached.

Applicant Information

Name: _____
Last Name First Name Middle Initial

Address: _____
Street/PO Box City State Zip Code

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Email: _____ Social Security #: _____

Are you 18 years or older: () Yes () No

Are you a U.S. Citizen: () Yes () No

Have you previously volunteered for the Clear Creek Fire Authority or Emergency Services District? () Yes () No

If yes, give Date(s): _____ Dept(s): _____

Have you ever been convicted of a crime? (A conviction will not automatically disqualify an applicant from employment; exclude minor traffic violations.) () No () Yes, explanation follows: _____

For Driving Fire Authority Vehicles: Colorado Driver's License #: _____ Expiration: _____

Have you had your driver's license suspended or revoked in the last three(3) years? No () Yes () If yes, please explain: _____

Have you received any moving violations in the last seven(7) years? No () Yes () If yes, please explain: _____

U.S. Military Service:

Do you have military service experience that would be relevant to the duties of an emergency responder? () Yes () No

If yes, please describe: _____

Technical Skills

Please indicate any skills as they relate to the job for which you are applying:

Special training, skills, qualifications, licenses, certifications or other experience that relates to the position for which you are applying:

Education

All applicants applying for positions that require advanced degrees, special licenses or coursework may be required to provide appropriate documentation.

Education	Name & Location of School	Course of Study	Degree Earned
High School () GED ()		Graduate? Yes () No ()	
College/University			
Vocational/Graduate School			

Employment History

Please provide an employment history for a minimum of four years. List names of employers in consecutive order with present or last employer listed **FIRST**. Account for all periods of time including military service and any period of unemployment. **A resume may be attached but will not be accepted in lieu of the information requested below.**

Current/Most recent employer: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? () Yes () No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title & description of duties performed: _____

Reason for leaving or seeking other employment: _____

Employer before most recent: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? () Yes () No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title & description of duties performed: _____

Reason for leaving or seeking other employment: _____

Employer: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? () Yes () No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title & description of duties performed: _____

Reason for leaving or seeking other employment: _____

Employer: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? () Yes () No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title & description of duties performed: _____

Reason for leaving or seeking other employment: _____

References

Please give the names of three persons, not related to you, whom you have known for over a year. Do not list supervisors that you have listed in the previous employment history section.

Name	Address	Phone	Occupation	Yrs. Known
Name	Address	Phone	Occupation	Yrs. Known
Name	Address	Phone	Occupation	Yrs. Known

AFFIDAVIT – PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, and personal characteristics obtained from interviews with neighbors, friends, former employers, schools, and other. I understand I have the right to make a written request within a reasonable time as to the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 making such statements. I understand I may need to sign a background check form for a criminal background check if applicable.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to justify my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and /or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT FOR 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 CAUSE AND WITH OR WITHOUT NOTICE.

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

Applicant Signature

Date

This application for employment will remain active for a limited time. Ask the organization representative for details.