



Location	(Circle)		Study or Major	Training, Experience and Skill
High School/GED:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade/Correspondence:				
Other:				

**Record of Previous Employment**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give company/firm name and furnish business references.

<b>Employment History</b>	
Current or most recent employer:	Phone:
Address:	
Your title:	
Employment Dates   From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	
Exact reason for leaving:	
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer:</b>	
Phone:	
Address:	
Your title:	
Employment Dates   From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	
Exact reason for leaving:	
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer:</b>	
Phone:	
Address:	
Your title:	
Employment Dates   From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	

Exact reason for leaving:	
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Phone:
Address:	
Your title:	
Employment Dates   From:	To:
Supervisor's name/title:	
Starting Salary:	Ending Salary:
Work Performed/Duties:	
Exact reason for leaving:	
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain fully any gaps in your employment history (provide an attachment if necessary):

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Have you ever been terminated from a job or asked to resign?  Yes  No If yes, please explain the circumstances:

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Please indicate actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

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What machines or equipment can you operate that are related to the job for which you are applying?

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**For driving jobs only:**

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

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No If yes, please provide details:

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List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.):

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Have you worked or attended school under any other names?  Yes  No If yes, give names:

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If hired, can you furnish proof that you are 18 years of age or older?  Yes  No  
(If you are hired, you may be required to submit proof of age for insurance reasons.)

If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without reasonable accommodation?  Yes  No

Do you have adequate transportation to and from work?  Yes  No

**References**

Please list three professional references, preferably those who can speak to your work experience and knowledge.

Name	Relation	Address	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I certify that all information 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 authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, 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.

AFFIDAVIT, CONSENT AND RELEASE  
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that specific positions at the Northeast Teller County Fire Protection District may require me to provide evidence of an acceptable driving record.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references and result of background check. I hereby consent to a pre- and/or post-employment drug screen/alcohol screen as a condition of employment, if required.

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 judge my capability to do the work for which I am applying.

If employed, I agree to abide by all policies, regulations and guidelines established by the Northeast Teller County Fire Protection District.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE BOARD OF DIRECTORS THE EMPLOYEE. 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 and understand the AFFIDAVIT, CONSENT AND RELEASE and by my signature consent to these statements:

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Signature

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Date