

Eaton Fire Protection District
50 South Maple Avenue, Eaton, CO 80615
(970) 454-2115
www.eatonfire.org

PERSONAL INFORMATION:

Name (last, first, middle initial): _____

Present Address: _____

Former Address: _____

Phone #'s: (H) _____ (C) _____ (W) _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

The Eaton Fire Protection District completes a driver's license, background and drug screen on all applicants. Your signature on this application gives the District the authority to retrieve such information.

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest" (exclude minor traffic violations but include a deferred sentence) _____ Yes _____ No

If yes, give details: _____

Do you have a valid driver's license? _____ Yes - *Expiration Date* _____ No

Driver's License Number _____ State Licensed In _____

Has your Driver's License ever been suspended or revoked? _____ Yes - *Date* _____ No

If yes, give details: _____

EMPLOYMENT HISTORY:

List names of employers in consecutive order with present or last employer listed first.

***May we contact your current employer?** _____ Yes _____ No

Name of Employer: _____ Job Title: _____

Address: _____ Dates of Employment: _____

Supervisor: _____ Phone #: _____

Duties: _____

Name of Employer: _____ Job Title: _____

Address: _____ Dates of Employment: _____

Supervisor: _____ Phone #: _____

Duties: _____

Name of Employer: _____ Job Title: _____

Address: _____ Dates of Employment: _____

Supervisor: _____ Phone #: _____

Duties: _____

List previous Fire, Rescue and/or Volunteer Service Experience below:

Name of Organization: _____

Address: _____ Dates Served: _____

Phone #: _____

Name of Organization: _____

Address: _____ Dates Served: _____

Phone #: _____

List skills, qualification and/or certificates you possess: (Please attach a copy of ONLY your firefighter and EMT Certifications.)

MEDICAL INFORMATION:

Do you have any individual or group income benefits for accident or sickness now being received? _____

Has insurance on your life ever been declined, postponed or modified in amount, plan or rate? _____

If yes, explain: _____

Were you ever exempted, rejected or discharged by the Armed Forces or employment for physical or mental reasons? _____ If yes, explain: _____

REFERENCES:

List three (3) references who are not related to you, but who can speak to your professional/personal qualities.

Name: _____ Address: _____

Phone #'s: (H) _____ (C) _____ (W) _____

Name: _____ Address: _____

Phone #'s: (H) _____ (C) _____ (W) _____

Name: _____ Address: _____

Phone #'s: (H) _____ (C) _____ (W) _____

I am currently in good physical condition and have no known medical conditions which would prevent me from performing the duties of a firefighter. To the best of my knowledge, the information I have given is correct and true. I acknowledge that the District is relying on the information given, and I certify that the information on this form is true to the best of my knowledge. I authorize the District to obtain information from anyone named above on this application, and I release all concerned from any liability in connection with obtaining and releasing such information.

Signature of Applicant

Date

RELEASE AUTHORIZATION

1. In connection with my membership application, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Eaton Fire Protection District, or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name

Please print other names you have used

Home address

City

State

Zip Code

Social Security Number

Date of Birth

Drivers License Number

State Issuing License

Name as it appears on license

Signature

Today's date