

SECURITY FIRE PROTECTION DISTRICT 400 Security Blvd. Security, Colorado, 80911 719-392-3271 Chief Girardin

www.securityfiredept.org

Application for employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date of Application	on:		
PERSONAL INFO	ORMATION:		
Name:			
Last	First	Middle	
Address:			
City:	State:	Zip:	
Telephone Numb	pers:		
Email Address			
Date you are ava	ilable to begin employme	ent:	

Have you worked or attended school under any other names? Yes No If yes, provide names:
Are you 21 years of age or older? (If you are hired, you may be required to submit proof of your age.) Yes No
If hired, can you furnish proof you are eligible to work in the U.S.? Yes No
Have you ever filed an application with us before? Yes No If yes, when? For what position?
Have you ever been employed with us before? Yes No If yes, when? In what position?
Do any of your relatives, friends or acquaintances work for Security Fire? Yes No If yes, state name(s), relationship to you and job title:
Have you ever been convicted of a felony? Yes No (Convictions will be evaluated on a case-by-case basis.)
If yes, give details:
If employed, do you expect to be engaged in any additional business or employment outside of Security Fire Department? Yes No If yes, give details:

EMPLOYMENT		
past 10 years. Start with your passignments and volunteer act	resent or last job. Include an ivities. Account for all period de organizations which indid	
Present or Most Recent Employer	Dates Employed	Work Performed
Address		
Starting/Present Job Title		
Supervisor's Name and Title	May we contact? If no, why not?	Yes No
Reason for Leaving:		1

EMPLOYMENT		
past 10 years. Start with your passignments and volunteer act	resent or last job. Includ ivities. Account for all pe de organizations which i	indicate race, color, religion, gender,
Employer	Dates Employed	Work Performed
Address	,	
Starting/Present Job Title		
Supervisor's Name and Title	May we contact? If no, why not?	Yes No
Reason for Leaving:		· ·

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Employer	Dates Employed	Work Performed		
Address				
Starting/Present Job Title				
Supervisor's Name and Title	May we contact? If no, why not?	Yes No		
Reason for Leaving:				

SPECIALIZED SKILLS AND TRAINING
What skills or additional training do you have that are related to the job for which you are applying?
What machines or equipment can you operate that are related to the job for which you are applying?
Disease describe your experience and knowledge of computer exetems (coftwere and
Please describe your experience and knowledge of computer systems (software and hardware).
State any additional information about your skills which you feel may be helpful to us in considering your application.

EDUCATION			
Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School or GED			
College or University			
Technical or Vocational School			

PERSONAL AND PROFESSIONAL REFERENCES		Please do not include family members or past supervisors/managers.		
Name	Phone Number	Best Time to Call	Occupation	
1.				
2.				
3.				

By signing this Application for Employment, I agree that:

- 1) All the information that has been provided is true and factual. I further understand that any false or misleading information may result in rejection or application and/or termination of employment.
- 2) I request that any of my employers, past or present, certification/licensure agencies or individuals provide to a representative of Security Fire Department whatever information is requested concerning my work history and performance, certification/licensure, and/or personal character. I understand this information will be treated as a confidential personnel record. I hold Security Fire harmless from all liability for any damages that may result from requesting, receiving or acting upon this information.
- 3) The State of Colorado is a "right to work state" and Security Fire Department is an at will employer. I understand that I can be terminated at any time with or without cause or notice.

APPLICANT/EMPLOYEE SIGNATURE	DATE	

PLEASE ATTACH COPIES OF CURRENT

State of Colorado Driver's License, Department of Motor Vehicle Record for the past 3 years, State Certifications, and CPR Card (and ACLS if Paramedic)

~ Incomplete applications will not be considered ~