Falcon Fire Protection District

Application for Employment

Pride Respect Community

Date of Application: _____ Position Applying For: _____

Name: _____ Phone: _____ Phone2: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you a citizen of the United States or are you legally authorized to work in the U.S.? YES: ____ NO: ____

Do you hold a valid driver's license? Yes: ___ No: ___ License Number: _____ State: _____ Expiration: _____

List any traffic violations, revocations and suspensions. Please list type(s) of violation, date, and location:

_____

_____

_____

Are you 21 years of age or older? YES: ____ NO: ____

Have you worked here previously? YES: ____ NO: ____

Have you applied here previously? YES: ____ NO: ____

Are you Seeking: Full-Time: ___ Part-Time: ____

EDUCATION

High School Name and Location: _____

Course of Study: _____ GPA: _____ Diploma/GED: _____

College, Vocation or Technical Schools

Name and Location: _____

Major: _____ GPA: _____

Degree/Certificate/Diploma Received: _____

College, Vocation or Technical Schools

Name and Location: _____

Major: _____ GPA: _____

Degree/Certificate/Diploma Received: _____

List any experience serving in the position to which you are applying:

_____

_____

_____

_____

_____

EMPLOYMENT EXPERIENCE

List all your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please account for all periods of time, including military service and any period of unemployment. Please attach additional sheets as needed even if you submit resume.

1. Employed from: _____ to _____ Position/Title: _____

   Company Name: _____

   Address: _____

   Last Supervisor/Title: _____ Phone Number: _____

   Work Performed:

   _____

   _____

   _____

   Reason for Leaving: _____

   _____ May we contact this employer? _____

2. Employed from: _____ to _____ Position/Title: _____

   Company Name: _____

   Address: _____

   Last Supervisor/Title: _____ Phone Number: _____

   Work Performed:

   _____

   _____

   _____

   Reason for Leaving: _____

   _____ May we contact this employer? _____

3. Employed from: _____ to _____ Position/Title: _____

Company Name: _____

Address: _____

Last Supervisor/Title: _____ Phone Number: _____

Work Performed:

_____

_____

_____

Reason for Leaving: _____

_____ May we contact this employer? _____

4. Employed from: _____ to _____ Position/Title: _____

Company Name: _____

Address: _____

Last Supervisor/Title: _____ Phone Number: _____

Work Performed:

_____

_____

_____

Reason for Leaving: _____

_____ May we contact this employer? _____

5. Employed from: _____ to _____ Position/Title: _____

Company Name: _____

Address: _____

Last Supervisor/Title: _____ Phone Number: _____

Work Performed:

_____

_____

_____

Reason for Leaving: _____

_____ May we contact this employer? _____

6. Employed from: _____ to _____ Position/Title: _____

Company Name: _____

Address: _____

Last Supervisor/Title: _____ Phone Number: _____

Work Performed:

_____

_____

_____

Reason for Leaving: _____

_____ May we contact this employer? _____

Have you read the job description? YES:____ NO:____

Do you understand the essential function of the position? YES:____ NO:____

Can you perform the essential functions of the position with or without reasonable accommodation? YES: ____ NO: ____

REFERENCES

Please list two professional references (other than those previously listed), and two personal references:

NAME	PHONE	RELATIONSHIP

CERTIFICATIONS

Please list (and attach a copy) all current (position related) certifications. Copies of current minimum certifications as identified in the job posting/description must be included.

	CERTIFICATION	CERTIFICATE NUMBER	EXPIRATION
1.			
2.			
3.			
4.			
5.			
6.			

Applicant's Declaration, Authorization, and Release

My answers on this application and on any resume, I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Falcon Fire Protection District and its agents to verify any information related to my application or resume. I also authorize individuals, schools, employers, law enforcement or government officials to freely release any information concerning my background and personnel record(s) and hereby release any, and all of them from any liability for doing so. If the Falcon Fire Protection District employs me, I understand that I will be employed on an at-will basis for an indefinite period and that the Falcon Fire Protection District may terminate my employment at any time and for any reason.

_____

Print Name

_____

Signature

_____

Date

Falcon Fire Protection District provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.