



GRAND LAKE FIRE PROTECTION DISTRICT



RESIDENT PROGRAM MEMBERSHIP APPLICATION

APPLICANT NAME:

The information you provide in this employment application will be used to complete your background investigation and in determining your suitability for the position you are applying for. Please complete the questionnaire keeping in mind that:

- Completion of the entire Employment Application is mandatory.
- All statements are subject to verification.
- Inaccuracies or incomplete statements may cause your application to be rejected and your name to be removed from further consideration.
- All time periods in your background must be accounted for.
- Include both day and night telephone numbers for all references you list.

It is to your advantage to be timely and open in your response. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence and its degree of relevance to the position you are applying for. The investigating official will inquire into facts surrounding the occurrence. Any evaluation will then be made on the relevance of these facts to the requirements of the position.

Format:

Written - Please write legibly and in ink.

Typed – Please ensure the response areas are used correctly and centered. Digital

– This application is fillable in Adobe PDF and preferred.

All information must be honest, true to the best of your ability. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. Do not leave any portions blank. If you need more space than provided to respond to the question, use the reverse side of the page and identify the additional information by the question number. Any questions concerning the Employment Application should be directed to the Grand Lake Fire Department at 970-627-8428 – Attention Assistant Chief Seth St. Germain.

Applications for current vacancies must be received by Grand Lake Fire Protection District at:

- Mailed to P.O. Box 1408, Grand Lake, CO 80447
- Delivered to Station 1, 201 West Portal Rd. Grand Lake, CO 80447.
- Emailed to admin@grandlakefire.org – Attention Assistant Chief Seth St. Germain

Grand Lake Fire Protection District is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, religion, sex, age, national origin, disability and other characteristics protected by law.



GRAND LAKE FIRE PROTECTION DISTRICT



Appt #:	City:
State:	Zip

Current Mailing address:

Number:	Street:
Appt #:	City:
State:	Zip

Current Phone and Other Contact Information:

Cell:
Home:
Work:
Email:
Other:

Have you ever been convicted of a crime?

NO	YES
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If yes, please explain

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GRAND LAKE FIRE PROTECTION DISTRICT



If hired, can you furnish proof you are eligible to work in the U.S.?

NO	YES
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EDUCATION/CERTIFICATIONS

Type of School	Name, City & State	Years Attended From/To	Circle Highest Year Completed	Diploma, GED or Degree	List Degree and/or Area of Concentration
High School			9 10	Yes ___ No ___	
			11 12		
College (Undergrad)		To	1 2	Yes ___ No ___	
			3 4		
		To	1 2	Yes ___ No ___	
			3 4		
College (Grad)		To	1 2	Yes ___ No ___	
			3 4		
Trade School		To	1 2	Yes ___ No ___	
			3 4		

NREMT-B/P (if available):

Classification and Issued:



GRAND LAKE FIRE PROTECTION DISTRICT



Expires:

IFSAC / PROBOARD Firefight (if available):

Classification and Issued:

Expires:

IFSAC / PROBOARD HazMat (if available):

Classification and Issued:

Expires:

Other knowledge, skills & abilities relevant to position for which you are applying (ie: apprenticeships, correspondence courses, or other special training not shown above):

List professional, trade, business or civic activities and offices held. You may exclude memberships (including union memberships) which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.



GRAND LAKE FIRE PROTECTION DISTRICT



MOTOR VEHICLE OPERATION

An investigation of your driving history will be made. To expedite this procedure, please supply the following information:

Do you have a valid Driver's License?

NO	YES
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Do you have a current Commercial Driver's License?

NO	YES
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Driver's License:

Number:



GRAND LAKE FIRE PROTECTION DISTRICT



Expiration Date:
State:
Class:
Name as it appears:

Has any license ever been suspended, revoked or have you been involved as a driver in a motor vehicle accident within the last 36 months?

NO	YES
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If yes, please explain (include when, where and why):

Nature of Violation	Location	Approximate Date	Fine or Other Action on Driver's License

Have you ever been convicted for a traffic offense?

NO	YES
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If yes, explain:

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GRAND LAKE FIRE PROTECTION DISTRICT



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Have you ever been convicted for operating a motor vehicle while impaired or under the influence of alcohol or drugs?

NO	YES
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If yes, explain:

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Have you ever failed to appear, failed to pay fines or failed to comply for any traffic offense?

NO	YES
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If yes, explain:

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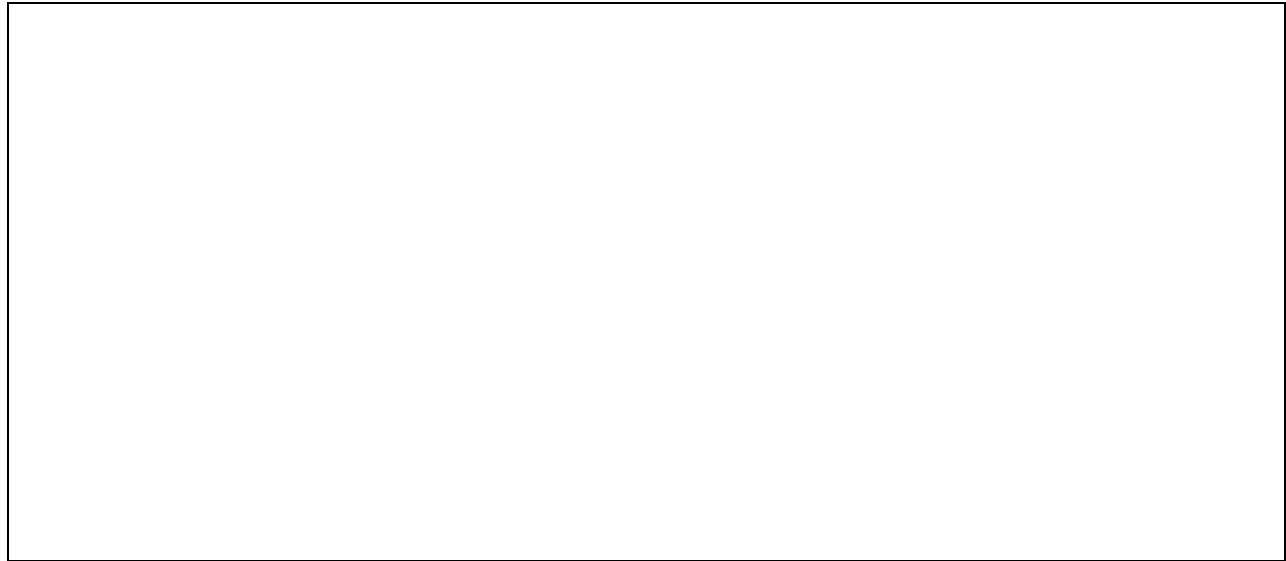
Do you currently have automobile insurance?

NO	YES
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If no, explain:



GRAND LAKE FIRE PROTECTION DISTRICT





GRAND LAKE FIRE PROTECTION DISTRICT



EMPLOYMENT HISTORY

Please duplicate this page if necessary, to account for all work experiences for at least the past 5 years. Start with your present or last job. Include any job-related military service assignments and volunteer activities. Account for all periods of time, including unemployment. You may exclude organizations, which indicate race, color, religion, gender, national origin, age, disabilities or other protected status.

Present or Most Recent Employer	Dates Employed From _____ To _____		Work Performed
Address	Rate of Pay Starting _____ Final _____		
Telephone Number(s)			
Starting/Present Job Title			
Supervisor's Name and Title	May We Contact? _____ Yes _____ No If no, why not?		
Reason for Leaving			
Present or Most Recent Employer	Dates Employed From _____ To _____		Work Performed
Address	Rate of Pay Starting _____ Final _____		
Telephone Number(s)			
Starting/Present Job Title			
Supervisor's Name and Title	May We Contact? _____ Yes _____ No If no, why not?		
Reason for Leaving			
Present or Most Recent Employer	Dates Employed From _____ To _____		Work Performed
Address	Rate of Pay Starting _____ Final _____		
Telephone Number(s)			
Starting/Present Job Title			
Supervisor's Name and Title	May We Contact? _____ Yes _____ No If no, why not?		



GRAND LAKE FIRE PROTECTION DISTRICT



Reason for Leaving		
Present or Most Recent Employer	Dates Employed From To	
Address	Rate of Pay Starting Final	
	Work Performed	
Telephone Number(s)		
Starting/Present Job Title		
Supervisor's Name and Title	May We Contact? no, why not?	_____ Yes _____ No If
Reason for Leaving		

Have you ever been fired from a job or asked to resign?

NO	YES
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If yes, explain:

If you have had no prior employment, please explain in the space below:



GRAND LAKE FIRE PROTECTION DISTRICT



PERSONAL & PROFESSIONAL REFERENCES:

Do you currently have any relatives working for Grand Lake Fire Protection District?

NO	YES
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If yes, please list name and relationship:

List as references, three individuals who have knowledge of you and your qualifications.

Name of Acquaintances	Address/City/State/Zip	Telephone Numbers D=Day N=Night

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



GRAND LAKE FIRE PROTECTION DISTRICT



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 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.

I understand I will be required to successfully pass a background investigation (criminal and employment) and a drug screening. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon successfully passing a complete pre-employment physical examination, psychological examination and physical agility 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.

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 Fire Chief of Grand Lake Fire Protection District has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the Fire Chief and 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, understand, and by my signature below, consent to these statements.

Signature of Applicant:

DATE:

Questionnaire

Why do you want to be part of the Grand Lake Fire Protection District?

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GRAND LAKE FIRE PROTECTION DISTRICT



What special skills or certifications do you have that will benefit the Grand Lake community and the Grand Lake Fire Protection District?

Intentionally left blank



GRAND LAKE FIRE PROTECTION DISTRICT



EEO INFORMATION FORM

This page will be separated from the rest of the employment application when it is received by the Grand Lake Fire Protection District. **The information provided will have no bearing upon consideration for employment.** The information is **only** used to assist us in complying with Federal Equal Employment Opportunity record keeping and reporting requirements. Grand Lake Fire Protection District considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status. We are an Equal Opportunity Employer.

Position Applied For:

Name:

First:
Middle
Last

Social Security Number:

Current Physical Address:

Number:	Street:
Aprt #:	City:
State:	Zip

Current Mailing address:



GRAND LAKE FIRE PROTECTION DISTRICT



Number:	Street:
Appt #:	City:
State:	Zip

Date of Birth:

Sex:

Male	Female
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Race or Ethnic Identity: Optional Information

White _____ Hispanic _____ Asian/Pacific Islander _____

American Indian/Alaskan Native _____ Black _____

Signature of Applicant:

DATE:



GRAND LAKE FIRE PROTECTION DISTRICT



AUTHORIZATION

Release for Personal Data Record Information

Due to my connection with the Grand Lake Fire Protection District (GLFPD), either as a Board member, volunteer member or full-time employee, I understand that criminal records, driving records, verification of education, prior employment confirmation, and professional licenses may be verified. Further, I understand this information can be requested from various Federal, State, local governments and other agencies.

I hereby authorize any party or agency contacted by GLFPD, to furnish the above-mentioned information, and that a photocopy of this authorization be accepted with the same authority as the original. I further authorize ongoing procurement by GLFPD of the above-mentioned reports at any time during my tenure.

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION MUST BE COMPLETED

Name:

First:
Middle
Last

Other names (including nicknames, maiden names, former married names, name changes resulting from adoptions, court actions, or other such matters) you have used or been known by:

Name:

First:
Middle
Last

Current Physical Address:



GRAND LAKE FIRE PROTECTION DISTRICT



Number:	Street:
Appt #:	City:
State:	Zip

Current Mailing address:

Number:	Street:
Appt #:	City:
State:	Zip

Date of Birth:	Social Security #:
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Driver's License:

Number:
Expiration Date:
State:
Class:
Name as it appears:

My signature below certifies that I am the individual listed above and all the information provided is true.



GRAND LAKE FIRE PROTECTION DISTRICT



Signature of Applicant:

DATE:

Emergency Contact Information

Members Name:

First:



GRAND LAKE FIRE PROTECTION DISTRICT



Middle:
Last:

Primary Emergency Contact Information:

Name:

First:
Middle:
Last:
Relationship:
Phone Number:

Secondary Emergency Contact Information:

Name:

First:
Middle:
Last:
Relationship:
Phone Number:

Third Emergency Contact Information:

Name:



GRAND LAKE FIRE PROTECTION DISTRICT



First:
Middle:
Last:
Relationship:
Phone Number:

Signature of Applicant:

DATE:

Drivers License

Please provide the following information as well as a clear photocopy of your driver's license:



GRAND LAKE FIRE PROTECTION DISTRICT



Driver's License:

Number:
Expiration Date:
State:
Class:
Name as it appears:

Photocopy of Driver's License: