

Pagosa Fire Administration
 165 N. Pagosa Blvd.
 Pagosa Springs, CO 81147
Phone: (970) 731-4191
Fax: (970) 731-4194
Email: tbliss@pagosafire.com

Pagosa Fire Protection District

Application for Employment



Position Applied For: Career Seasonal Reservist Volunteer Junior Auxiliary Other: _____

Last Name	First Name	Middle Initial	Home Phone: _____
			Cell Phone: _____
			Email: _____

Are you 18 Years of age or older? Yes No **Must be 18 years of age to apply for Career positions.**

Are you a U.S. Citizen? Yes No If **not** a citizen, are you legally eligible to work in the united States? Yes No

Do you have any traffic violations in the past seven years? Yes No
 If yes please describe: _____

As an adult, have you ever been convicted of an offense other than traffic violations? Yes No
 If yes, please explain the nature below. (Convictions are evaluated for each position and are not necessarily disqualifying)

Are you related to a District employee or an elected District Official? Yes No
 If yes, list name, relative's position and relationship. _____

Education	Name & Location	Total Years	Did you Graduate	Degree, Diploma or G.E.D.
High School				
Vocational / Technical				
College				
Graduate School				

Any Professional Trade License, Registration or Certifications Obtained (List all required for Position)

Valid Driver's license? (If required for position): State of Issue _____ Class _____ CDL# _____

Bilingual Skills? Yes No Language(s) _____ Read Write S

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Employment History: Please complete all information requested in the following sections. **Incomplete applications will not receive further consideration for employment. BEGIN WITH PRESENT OR LAST EMPLOYER.** Include any job-related military assignments or volunteer activities.

Employer:		Job Title:		Reason for Leaving:	
Company Address:		City	State		Zip Code
Supervisor's Name		Phone Number		Email	
Currently Employed here: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:				

Employer:		Job Title:		Reason for Leaving:	
Company Address:		City	State		Zip Code
Supervisor's Name		Phone Number		Email	
Currently Employed here: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:				

Employer:		Job Title:		Reason for Leaving:	
Company Address:		City	State		Zip Code
Supervisor's Name		Phone Number		Email	
Currently Employed here: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:				

If you need additional space, please continue on a supplemental sheet of paper.

Please indicate if any accommodation is needed for pre-employment testing or interviewing: _____

Special Skills and Experience: Summarize special job related training and skills acquired: _____

Specify software applications in which you are proficient: _____

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May we contact your present employer regarding your qualifications?

I certify the information given in this application is true and complete. I understand that I may be refused hire or at any time after hire, if any information is found to be false or missing. All Statements contained herein are subject to verification by the Pagosa Fire Protection District. I understand that drug testing is required for employment.

Applicant Signature

Date

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AUTHORIZATION TO OBTAIN INFORMATION

As a precondition of my employment, volunteer membership, assignment, or activity with **PAGOSA FIRE PROTECTION DISTRICT**, I hereby authorize **PAGOSA FIRE PROTECTION DISTRICT** to receive any criminal history and driver's license record, pertaining to me to determine my eligibility for employment, assignment or activity.

As a precondition of my employment, volunteer membership, assignment, or activity with **PAGOSA FIRE PROTECTION DISTRICT**, I hereby authorize **PAGOSA FIRE PROTECTION DISTRICT** to obtain a drug / alcohol test under company policy. I further authorize and give full permission to **PAGOSA FIRE PROTECTION DISTRICT**, and / or physician to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to **PAGOSA FIRE PROTECTION DISTRICT** and to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-Authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and respond to inquiries or notices from government entities.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I understand that my eligibility for employment, volunteer membership, assignment, or activity may be adversely affected if I refuse to consent to obtaining appropriate background / drug screening information.

Therefore, I hereby authorize **PAGOSA FIRE PROTECTION DISTRICT** to obtain the appropriate information needed.

Applicant Printed Name

DATE

Applicant Signature

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AUTHORIZATION TO OBTAIN INFORMATION

FIRST NAME

DATE OF BIRTH

MIDDLE NAME

SOC #

LAST NAME

MALE FEMALE OTHER
GENDER

STREET ADDRESS: CITY - STATE - ZIP

FORMER ADDRESS: CITY - STATE - ZIP

DAY TIME PHONE

EVENING PHONE

DRIVER'S LICENSE NUMBER

STATE

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PAGOSA FIRE PROTECTION DISTRICT CAMERA AND VIDEO POLICY

Any images that are taken with personal or PFPD imaging devices that involve the identity of patients, fatality victims, fire victims or that show any Fire District identifiers in the images shall not be distributed outside of the organizations without the permissions of the Fire Chief or his designee.

I, _____ as a member of the Pagosa Fire Protection District, grant my permission to use photographic, digital or video images taken of me during incident response, training or other District sanctioned activity on their Web Page and / or any other District sanctioned publication.

Applicant Signature

Date