



Canon City Area Fire Protection District
1475 North 15th Street, Canon City, Colorado 81212
719-275-8666

Application for Employment

Read Carefully Each question should be fully and accurately answered. This form is the basis for your background investigation, which will be conducted to determine your suitability for employment with the Canon City Area Fire Protection District. No action can be taken on this application until all questions have been answered. If a question does not apply, enter N/A in the space provided. Avoid errors by reading the directions carefully before making any entries on the form. If not enough room is available, attach separate sheets to this application with your response. All answers are to be printed electronically. Do NOT enter the words "see resume" in lieu of completing the information requested. The information you provide will determine your eligibility and qualifications for employment or further examination.

*Completed applications must be saved as a pdf document. This shall then be attached to an email to **employment@canonfire.org**. You must include a valid email address with your application. This will be the primary method of communication for all follow-up information concerning your application. You should receive an email reply confirming your application receipt. If you do not receive an email within 5 days of submittal, please call 719-275-8666.*

Today's Date: **Type of Employment seeking:**

Email address: **Verify email address:**

Last Name: **First:** **Middle:** **Suffix:**

Current address: **City:** **State:** **Zip Code:**

Mailing address same as residence:

Mailing address: **City:** **State:** **Zip Code:**

Telephone: **Other names you have used:**

Do you currently have, or have the ability to obtain a current valid drivers license?

Drivers License Number: **Issuing State:** **Type:**

Are you at least 18 years of age: **Do you have the legal right to work in the United States:**

Military Service: **Branch:** **Active Duty from** **to**

Are you a member of a Reserve Organization: **Branch:**

Have you ever been employed/volunteered at CCFD: **Dates from** **to**

Position in the department:

Highest grade completed: **Graduate?** **Area of study:**

High School:: **City:** **State:** **Zip Code:**

College: **City:** **State:** **Zip Code:** **Degree:**

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Employment History

Beginning with your present, or most recent job, list your complete work history accounting for all periods of time for the past 10 years. Include any significant period of time you were not employed and reason.

Dates from to Highest Position Held:

Employer: Supervisor's Name:

Address: Telephone:

Primary Duties:

Reason for leaving:

Dates from to Highest Position Held:

Employer: Supervisor's Name:

Address: Telephone:

Primary Duties:

Reason for leaving:

Dates from to Highest Position Held:

Employer: Supervisor's Name:

Address: Telephone:

Primary Duties:

Reason for leaving:

Dates from to Highest Position Held:

Employer: Supervisor's Name:

Address: Telephone:

Primary Duties:

Reason for leaving:

Dates from to Highest Position Held:

Employer: Supervisor's Name:

Address: Telephone:

Primary Duties:

Reason for leaving:

I wish to be notified prior to you contacting my current employer

Please list all RELEVANT, valid certifications held. Include first date of issue, issuing agency, and expiration:

Other languages known: **Language:** **Level:**

Use the space below to summarize any additional information necessary to describe your full qualification for the position you are applying for. List any special skills, achievements, positions, or other talents not already described in this application that you feel are important to this application.

In submitting this application, I understand that, if offered employment, I will be required to provide proof of identity and eligibility to work in the United States in addition to signing a loyalty oath as a condition to receiving any compensation from the District. Also, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from District service. I authorize the Canon City Area Fire Protection District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment. I authorize all former employers, schools and references to release information that they may have about me to the Canon City Area Fire Protection District or its agents.

By signing below, I acknowledge that I have read and understand the above statements. Further, I understand and acknowledge that if a job offer is made, unless otherwise defined by applicable law, I will be an “at will” employee, and may resign at any time or the District may discharge me at any time, for any or no reason. It is further understood that the “at will” employment relationship which would be created if I am hired may not be changed by any oral or written communication, unless such change is specifically acknowledged, in writing, by the Fire Board. I understand that no offer or promise of employment has been made by acceptance of this application by the Canon City Area Fire Protection District.

Signature: Date:

Electronic signature is acceptable. Please use following format: |s| First M. Last last 4 of SSN

Supplemental Questionnaire

Instructions: Please answer all three questions. Use full sentences and proper grammar. Each answer should be no more than 300 words. If any of your answers have more than 300 words, your application will not be accepted.

1. Why do you want to become a firefighter?

continue to question 2 on the next page.

2. Briefly describe Canon City's community. How can you use your differences to your advantage in improving our community?

continue to question 3 on the next page.

3. A Fire Protection District is different than a Municipal Fire Department. Please explain those differences?

I hereby certify that the answers provided to these three questions constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit has been given where I have used the language, idea, expression or writings of others. I certify that this is my own original work, completed by me.

Signature:

Date:

Electronic signature is acceptable. Please use following format: |s| First M. Last last 4 of SSN