



Palisade Fire Department

175 East 3rd Street
Palisade, CO. 81526
970-464-4745

Employment Application



APPLICANT INFORMATION

Last Name _____		First Name _____		M.I _____
Street Address _____			Apt/Unit # _____	
City _____		State _____		Zip _____
Phone _____	E-mail address _____		Cell Phone _____	
Date Available _____	Position Applying For _____			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this Fire District?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	_____

EDUCATION

High School _____		Address _____		
From _____	To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College _____		Address _____		
From _____	To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree _____		
Trade School _____		Address _____		
From _____	To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree _____		
Other _____		Address _____		
From _____	To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Please list three professional references:

Full Name	Relationship	Years Known
Company _____	Phone (_____) _____ - _____	
Address _____		
Full Name	Relationship	Years Known
Company _____	Phone (_____) _____ - _____	
Address _____		
Full Name	Relationship	Years Known
Company _____	Phone (_____) _____ - _____	
Address _____		

MEDICAL HISTORY

ALL information obtained will remain confidential and is NOT used to determine eligibility.

Can you perform the essential tasks of the position you are applying for with or without reasonable accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, explain	_____	
Do you have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list	_____	

QUALIFICATIONS/CERTIFICATIONS

Please list any special qualifications and/or certifications that pertain to the position applying for:

PREVIOUS EMPLOYMENT

Company _____		Phone (_____) _____ - _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
From _____	To _____	Reason for Leaving _____	
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company _____		Phone (_____) _____ - _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
From _____	To _____	Reason for Leaving _____	
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company _____		Phone (_____) _____ - _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
From _____	To _____	Reason for Leaving _____	
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company _____		Phone (_____) _____ - _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
From _____	To _____	Reason for Leaving _____	
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company _____		Phone (_____) _____ - _____	
Address _____		Supervisor _____	
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
From _____	To _____	Reason for Leaving _____	
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch _____	From _____	To _____
Rank at Discharge _____	Type of Discharge _____	
If other than honorable, explain _____		

Background Authorization

Have you ever been convicted of a criminal or misdemeanor charges?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes; Explain _____				
Do you have any pending criminal or misdemeanor charges? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes; Explain _____				
Do you or have you ever gone by any other name? YES <input type="checkbox"/> NO <input type="checkbox"/> List _____				

DISCLAIMER AND SIGNATURE

I certify that all my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

By affixing my signature I agree to all background checks to include criminal and motor vehicle records check. I acknowledge that prior to any formal employment/membership and periodically, I will be subject to drug/alcohol testing. This includes all drugs considered illegal under Federal Laws.

Signature _____	Date _____
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