

PALISADE FIRE DEPARTMENT

Employment Application

341 W. 7th Street · Palisade · Colorado · 81526
 Business: 970 -464 4745 Fax: 970-464-1066



APPLICANT INFORMATION			
Last Name _____		First Name _____	
Street Address _____		M.I. _____	Date _____
City _____		Apt/Unit # _____	
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"/>		If 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 _____	
State _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		_____
College _____		Address _____	
State _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree _____
Trade School _____		Address _____	
State _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree _____
Other _____		Address _____	
State _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		_____
REFERENCES			
<i>Please list three professional references:</i>			
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			
<i>ALL information obtained will remain confidential and is NOT used to determine eligibility.</i>			
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			
<i>Please list any specific or special qualifications and/or certifications that pertain to the position applying for:</i>			

PREVIOUS EMPLOYMENT

Company _____		Phone _____ - _____ - _____
Address _____		Supervisor _____
Job Title _____		
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 _____		
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 _____		
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 _____		
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 _____		
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 charge(s)?	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 now, 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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