



# Cortez Fire Protection District

## Employment Application

31 N. Washington Street Cortez, CO. 81321

970-565-3157 office

<https://www.cortezfire.com>

### APPLICANT INFORMATION

Last Name _____		First Name _____		M.I. _____	Date _____
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? _____	

### 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 obtain 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 _____		

**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 a motor vehicle records check. I acknowledge that prior to any formal employment/membership and periodically, I will be subject to drug/alcohol testing.

Signature _____	Date _____
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