

**Application for Employment**

**THIS EMPLOYMENT APPLICATION FORM MUST BE COMPLETED IN ITS ENTIRETY**

**Position applying for:** Career \_\_\_\_\_ Reserve \_\_\_\_\_ Wildland Seasonal \_\_\_\_\_ Part Time \_\_\_\_\_  
**(Please Check One of the above)**

Name: Last	First	Middle	Social Security No.
Address ( <b>Street, City, State, Zip</b> )			(H) Phone: (C) Phone: Email:
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/>	What language? _____	Date available:

Do you possess a valid driver's License? Yes  No

If yes, give number, expiration date and state of issue:

Number:                                      Expiration Date:                                      Class:                                      State:

Have you ever applied to BFPD before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever worked for BFPD before? Yes  No  If yes, when? \_\_\_\_\_

**EDUCATION** (Please **circle** highest level of education attained: 11 12 13 14 15 16 17 18+ )

	Name and Location	Semester/Qtr. Hours Credit	Date Graduated	Degree Attained
High School/ GED				
College				
Graduate				
Other				

**CERTIFICATIONS:**

What certifications do you possess? Please list certificate number, year and state of issue and **attach a copy of the certificates.**

Certification Number	Expiration	Issuing State
<i>Example: Hazmat Operations #1022168</i>	<i>7/1/2012</i>	<i>Colorado</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have firefighter experience? Yes  No  If yes, location and dates:  
\_\_\_\_\_  
\_\_\_\_\_

Have you completed recruit academy? Yes  No   
Number of hours of recruit academy training: \_\_\_\_\_  
Where did you attend the academy? \_\_\_\_\_

**MILITARY SERVICE**

Are you now, or have you ever served in the military? Yes  No   
Branch: \_\_\_\_\_  
Current Status: Active Reserve  Inactive Reserve  MOS  \_\_\_\_\_  
Term of Service: \_\_\_\_\_  
If discharged, Date of Discharge: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

**PRIOR LAW OFFENSES**

Have you ever been convicted of, or pleaded guilty to, or pleaded no contest to any offense against the law or forfeited collateral/bond, or are you now under charges for any offense against the law? You may omit: (1) Traffic violations for which you paid a fine of \$100 or less, and (2) an offense committed before your 18th birthday which was finally adjudicated in a juvenile court under a Youth Offender Law. Include convictions while in military service, if applicable. Yes  No  If your answer is yes, give details below. Show for each conviction: date, charge, place, court, and action taken.  
\_\_\_\_\_  
\_\_\_\_\_

<b>EMPLOYMENT EXPERIENCE</b> (List last five years of employers with most recent first)	
Employed by:	Job Title:
City & State	Duties:
Supervisor:	Phone No.
Date Started:	Date Left:
Reason for leaving or considering a change:	

Employed by:	Job Title:
City & State	Duties:
Supervisor:	Phone No.
Date Started:	Date Left:
Reason for leaving or considering a change:	

Employed by:	Job Title:
City & State	Duties:
Supervisor:	Phone No.
Date Started:	Date Left:
Reason for leaving or considering a change:	

(List additional **relevant** experience from the past five years on a separate sheet of paper)

**Please read the following statement carefully. Sign only after the entire application has been considered.**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that an omission or falsification of information in this application or other documents submitted in support of this application may result in rejection of this application, removal from an eligibility list, or dismissal from employment. I agree that all statements made in this application (except contacts with my present employer, unless otherwise authorized) may be investigated prior to and/or during my employment.

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Applicant Signature

Date

**REFERENCES:**

Professional \_\_\_\_\_ Personal \_\_\_\_\_

Name: \_\_\_\_\_ Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Professional \_\_\_\_\_ Personal \_\_\_\_\_

Name: \_\_\_\_\_ Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Professional \_\_\_\_\_ Personal \_\_\_\_\_

Name: \_\_\_\_\_ Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**IMPORTANT: By completing and submitting this application it does not represent a contract and is not meant to be enforceable, and should not be relied upon as binding, inflexible promises of a job offer made by the District.**

## ***APPLICANT MINIMUM STANDARD GUIDE***

An Applicant will not be given further consideration for employment with the Berthoud Fire Protection District if any of the following exists:

### **CRIMINAL HISTORY**

- A. Felony Conviction
- B. Class I/II misdemeanor conviction in the last ten (10) years
- C. Class III misdemeanor conviction in the last five (5) years

### **DRIVING HISTORY**

- A. Class A Violations:
  - 1. Any alcohol or drug related traffic offense in the last three (3) years.
  - 2. Any action against the status of a driver's license in the last three (3) years, ie. , Suspension, revocation, etc.
  - 3. Operating a motor vehicle while the license is under suspension, revocation, etc.
  - 4. Using a motor vehicle in the commission of a felony.
  - 5. Vehicular/negligent homicide or vehicular assault.
  - 6. Operating a motor vehicle without the permission of the owner.
  - 7. An offense of reckless driving in the last three (3) years.
  - 8. Leaving the scene of an accident.
  - 9. Permitting an unlicensed driver to operate a motor vehicle.
- B. Class B Violations
  - 1. An offense of no insurance in the last two (2) years.
  - 2. All moving violations not listed as a Type A violation.

The Berthoud Fire Protection District reserves the right to determine a passing status, where the driver's driving history has exhibited a lack of responsibility or disregard for the law.

DEPARTMENT OF MOTOR VEHICLES TRANSCRIPTS  
EVALUATION REQUIREMENTS

Class "A" Violation

An individual who has a Class "A" violation within the past three (3) years normally receives a license suspension from the Department of Motor Vehicles, which issues the license. The position of our insurance carrier with individuals convicted of a Class "A" violation will be suspended from driving our insured vehicles for a period of 18 months.

VIOLATIONS

Designation of Type A and Type B violations are based on a survey of state point systems. Violations receiving higher numbers of points are classed as Type A.

Type A Violations

1. Driving while intoxicated.
2. Driving under the influence of drugs.
3. Negligent homicide arising out of the use of a motor vehicle (gross negligence).
4. Operating during a period of suspensions or revocation.
5. Using a motor vehicle for the commissions of a felony.
6. Aggravated assault with a motor vehicle.
7. Operating a motor vehicle without owners' authority.
8. Permitting an unlicensed person to drive.
9. Reckless driving.
10. Hit and run driving.

Type B Violations

All moving violations not listed as Type A violations. (Exceeding posted speed limit is a Type B violation.)

**BACKGROUND SCREENING  
NOTIFICATION & AUTHORIZATION FORM**

The purpose of this form is to notify you a consumer report (background check) will be processed on you for consideration of employment with:

Company name \_\_\_\_\_ Account \_\_\_\_\_

**Applicant Information (Complete the following information as accurately as possible. Please Print or Type)**

Last Name		First Name	Middle Name
Social Security Number	Date of Birth	Previous Names (maiden/marriage, etc) Date Changed:	
Driver's License Number	State of Issue	Date Changed:	

**Address History (Include 7 years of History)**

<b>Address #1</b>				
Date From:		Date To:		
Street Address		City	State	Zip

<b>Address #2</b>				
Date From:		Date To:		
Street Address		City	State	Zip

<b>Address #3</b>				
Date From:		Date To:		
Street Address		City	State	Zip

**BACKGROUND SCREENING AUTHORIZATION**

***As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.***

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF COLORADO  
DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**AUTHORIZATION FOR RELEASE OF INFORMATION TO THIRD PARTIES**

Claimant Name \_\_\_\_\_  
Claimant Social Security Number \_\_\_\_\_  
Requestor (Third Party) Name: Background Information Services, Inc.  
Employer Name \_\_\_\_\_

The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

Information provided shall be limited to:

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date Signed (to be completed by claimant)

Authorization must be signed and dated by the claimant.

**Notarization is required**

STATE OF COLORADO)  
\_\_\_\_\_ ) ss.  
COUNTY OF \_\_\_\_\_)

When using an embossed seal, please shade before faxing.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
(Print name of claimant)

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_



*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1- 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil	Aeronautics Board or Interstate Commerce Commission Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**BERTHOUD FIRE PROTECTION DISTRICT**

**ACKNOWLEDGEMENT, RELEASE, AND WAIVER**

**Physical Agility Testing Release Form**

The undersigned Applicant hereby acknowledges that Applicant will be participating in a physically demanding and strenuous Physical Agility Examination (herein, "Examination") in conjunction with Applicant's application for a position with the Berthoud Fire Protection District's fire department.

Applicant affirmatively represents to the District that, to the Applicant's best knowledge and belief, Applicant is in good medical and physical condition and is free from any physical condition, ailment, illness or injury (specifically including heart condition, disease or defect, elevated blood pressure, respiratory or circulatory problems) which could result in injury or death to Applicant because of the participation in the Examination.

Applicant acknowledges that while participating in the Examination, Applicant is not covered by District's insurance policies and that Applicant is responsible for, and assumes all of the risks of, a physical injury, illness or disability.

**Applicant** (for him/herself and on behalf of Applicant's estate and heirs, assigns, and insurers) hereby **releases District**, its Fire Department (and their respective officials, officers, employees, agents, and specifically the Examination examiners) **from, and hereby waives, any and all claims and demands** (either direct or indirect or arising due to subrogation) for bodily injury, illness, or death **which may arise from Applicant's participation in the Examination.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature