

Durango Fire Protection District

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

INSTRUCTIONS

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. Your signature is required at the end of application. Please print or type.

Name: _____ Telephone Number: _____
Address: _____ City: _____ State: ____ Zip: _____
E-Mail Address: _____ Best contact Phone Number: _____
Position Applied For: _____ Date of Application: ____/____/____

Have you ever been employed or educated under another name? Yes No
If yes, please state name(s): _____

Have you ever filed an application for employment or been employed by this agency before? Yes No
If yes, give dates(s): _____

Are you legally eligible for employment in the United States? Yes No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?
(Conviction will not necessarily disqualify an applicant from employment.) Yes No
If yes, please provide date(s) and details:

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Will you work overtime if required? Yes No
If **no**, please explain _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.* Yes No

EDUCATION

School	Name & Location of School	Course of Study	Years of Study	Degree
Graduate				
College				
High School				
Other				

TRAINING

If you have completed any other courses or training related to the job posting, please indicate below.

Month/Year Training Completed	Total Classroom Hours	Course Title	Name/Location of School or Facility (City/ State)	Certificate/Diploma (if any)

REFERENCES

List three people not related to you, who have known you for at least one year, and who know your qualifications for the job for which your are applying. Do not list supervisors you listed in the Work Experience area.

Full Name of Reference	Present Business or Home Address	Telephone Number(s) with Area Code

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

APPLICANT STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Durango Fire Protection District is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Durango Fire Protection District specifically acknowledges such change in writing.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date Signed