



Cortez Fire Protection District

Employment Application

31 N. Washington Street Cortez, CO. 81321
 970-565-3157 office 970-564-9521 Fax

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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