

Pagosa Fire Administration
 191 N. Pagosa Blvd.
 Pagosa Springs, CO 81147
 Phone: 970-731-4191
 Fax: 970-731-4194
 e-mail: sbrinkmann@pagosafire.com

Pagosa Fire Protection District

Application for Employment



Position Applied For: Career Seasonal Reservist Volunteer Junior Auxiliary

Last Name	First Name	Middle Initial	Home Phone: Cell Phone:
			E-mail:
Street Address	City	State	Zip Code
Mailing Address (if different):			

Are you 18 years of age or older? Yes No **Must be 18 years of age to apply for Career positions.**

Are you a U.S. Citizen? Yes No If not a citizen, are you legally eligible to work in the United States? Yes No

Do you have any traffic violations in the past seven years? Yes No If yes, please describe: _____

As an adult, have you ever been convicted of an offense other than traffic violations? Yes No
 If yes, please explain the nature below. (Convictions are evaluated for each position and are not necessarily disqualifying.)

Are you related to a District employee or an elected District official? Yes No If yes, list name, relative's position and relationship.

Education	Name and Location	Total Yrs. Completed	Did you Graduate? (Circle Yes or No)	Degree or Diploma or G.E.D.
High School			Yes No	
Vocational/Technical			Yes No	
College			Yes No	
Graduate School			Yes No	

Any Professional Trade License, Registration or Certifications Obtained (List all required for position)

Valid driver's license? (If required for position): State of Issue _____ Class _____ CDL # (If Required) _____

Bilingual Skills? Yes No Language(s) _____ Read Write Speak

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EMPLOYMENT HISTORY: Please complete all information requested in the following sections. **Incomplete applications will not receive further consideration for employment. BEGIN WITH PRESENT OR LAST EMPLOYER.** Include any job-related military assignments or volunteer activities.

Employer	Date Employed		Salary		Job Title:
Address	From	To	Start	End	
Telephone ()					
Supervisor					
Reasons for Leaving					
Employer	Date Employed		Salary		Job Title:
Address	From	To	Start	End	
Telephone ()					
Supervisor					
Reasons for Leaving					
Employer	Date Employed		Salary		Job Title:
Address	From	To	Start	End	
Telephone ()					
Supervisor					
Reasons for Leaving					

If you need additional space, please continue on a supplemental sheet of paper.

Please indicate if any accommodation is needed for pre-employment testing or interviewing: _____

Special Skills and Experience: Summarize special job related training and skills acquired: _____

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Specify software applications in which you are proficient: _____

May we contact your present employer regarding your qualifications? Yes No

I certify the information given in this application is true and complete. I understand that I may be refused hire or discharge at any time after hire if any information is found to be false or misleading. All statements contained herein are subject to verification by the Pagosa Fire Protection District. I understand that drug testing is required for employment.

Signature

Date



AUTHORIZATION TO OBTAIN INFORMATION

As a precondition of my employment, volunteer membership, assignment, or activity with PAGOSA FIRE PROTECTION DISTRICT, I hereby authorize PAGOSA FIRE PROTECTION DISTRICT to receive any criminal history and driver's license record, pertaining to me to determine my eligibility for employment, assignment or activity.

As a precondition of my employment, volunteer membership, assignment, or activity with PAGOSA FIRE PROTECTION DISTRICT, I hereby authorize PAGOSA FIRE PROTECTION DISTRICT to obtain a drug/alcohol test under company policy. I further authorize and give full permission to PAGOSA FIRE PROTECTION DISTRICT, and/or physician to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to PAGOSA FIRE PROTECTION DISTRICT and to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-Authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I understand that my eligibility for employment, volunteer membership, assignment, or activity may be adversely affected if I refuse to consent to obtaining appropriate background/drug screening information.

Therefore, I hereby authorize PAGOSA FIRE PROTECTION DISTRICT to obtain the appropriate information needed.

Printed Name: _____ Date: _____

Signature: _____



AUTHORIZATION TO OBTAIN INFORMATION

FIRST NAME:

DATE OF BIRTH:

MIDDLE NAME:

SOCIAL SECURITY #:

LAST NAME:

GENDER: circle one - M / F

CURRENT ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP

FORMER ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE:

EVENING PHONE:

DRIVER'S LICENSE NUMBER:

STATE:

PAGOSA FIRE PROTECTION DISTRICT

CAMERA AND VIDEO POLICY

Any images that are taken with personal or PFPD imaging devices that involve the identity of patients, fatality victims, fire victims or that show any Fire District identifiers in the images shall not be distributed outside of the organization without the permission of the Fire Chief or his designee.

I, _____ as a member of the Pagosa Fire Protection District, grant my permission to use photographic, digital or video images taken of me during incident response, training or other District sanctioned activity on their Web Page and/or any other District sanctioned publication.

Signed:

Date: