

AGATE FIRE PROTECTION DISTRICT

Application for Employment

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

Unless expressly modified by a written employment agreement, individuals hired by the Agate Fire Protection District (“District”) are “at-will” employees, meaning they may quit without prior notice at any time for any or no reason; similarly, the District may terminate an employee at any time for any or no reason, subject only to the requirements of federal, state or local law. Nothing in this application alters an individual’s at-will employment.

The District will rely upon the truthfulness and completeness of the information you provide in this application. Any false or misleading information in, or material omission of information from, this application may result in your not being hired, or immediate termination of your employment at any point in the future if you are hired.

The District fully supports, and complies with, all applicable federal, state and local laws relating to the hiring and employment of individuals. The District will not discriminate against an applicant on the basis of his or her status in any class or group protected by federal, state or local law.

By signing this application, you are acknowledging you have read, fully understand and agree to the statements contained in this section.

INSTRUCTIONS TO THE APPLICANT: We deeply appreciate your interest in employment with the District. Please type or print clearly in black or blue ink, and answer each question fully and accurately. The District will not consider your application until all of the questions have been answered. Sign and date this form. Thank you for taking the time to complete this application.

GENERAL INFORMATION

Position Applied For:	Date of Application:
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email Address		

Can you perform the essential functions of the job with or without reasonable accommodation?
Please do not provide information about the existence of a disability, particular accommodation,

or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.

Yes No

If no, please describe: _____

Are you legally eligible for employment in the U.S.? *Proof of eligibility to work in the U.S. will be required upon employment for all applicants.*

Yes No

Are you over the age of eighteen?

Yes No

Have you ever been employed by, or provided volunteer services to, the District before?

Yes No

If Yes, give dates: _____

Do you know anyone who works or volunteers at the District?

Yes No

If Yes, please provide name and relationship: _____

Have you ever been fired or asked to resign from a job?

Yes No

If Yes, please explain: _____

Have you been convicted of a crime (other than a minor traffic offense) within the last five years? "Convicted" means a final judgment on a verdict or a finding of guilty, or a plea of no contest in any state or federal court of competent jurisdiction in a criminal case, regardless whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. *A record of criminal conviction(s) will not necessarily disqualify you from employment.*

Yes No

If Yes, please explain: _____

EMPLOYMENT EXPERIENCE AND REFERENCES

Start with your present or last job and explain any significant gaps in time. Include any job-related military service assignments and volunteer activities. **THIS SECTION MUST BE COMPLETED (You may, but are not required to, attach a resume in addition to completing this Section).**

I. Name and Address of Employer:

Telephone Number:

Job Title:

Name of Supervisor:

Date of Employment:

Work Performed:

Reason for Leaving:

II. Name and Address of Employer:

Telephone Number:

Job Title:

Name of Supervisor:

Date of Employment:

Work Performed:

Reason for Leaving:

III. Name and Address of Employer:

Telephone Number:

Job Title:

Name of Supervisor:

Date of Employment:

Work Performed:

Reason for Leaving:

IV. Name and Address of Employer:

Telephone Number:

Job Title:

Name of Supervisor:

Date of Employment:

Work Performed:

Reason for Leaving:

Are you currently employed?

Yes No

May we contact your current employer?

Yes No

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

Name	Address	Telephone

EDUCATIONAL BACKGROUND

	High School (or GED)	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree Obtained			
Describe Course of Study, if applicable			
Describe any Job-Related Certifications.			
State any additional information you feel may be helpful to us in considering your application.			

DRIVER'S LICENSE

NOTE: This Section should only be completed by individuals applying for a position requiring a valid driver's license.

Do you have a valid driver's license? Yes No
Drivers License # _____ Class _____ State _____

Have you had your driver's license suspended or revoked in the last 5 years? Yes No

If yes, give details: _____

Have you been convicted of, or plead no contest to, Driving Under the Influence (DUI) or Driving With Ability Impaired (DWAI), or a comparable conviction under the laws of any other State, with the last 10 years? Yes No

If yes, give details: _____

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

This application is not complete and will not be considered by the District unless you complete, sign and submit the attached *Authorization and Consent for Release of Information* with this Application.

POST-CONDITIONAL OFFER DRUG & ALCOHOL TESTING

By signing this application, you acknowledge that you will be required to undergo a drug/alcohol test if the District makes a conditional offer of employment to you. You further acknowledge and agree that if you fail, or refuse to submit to, the drug/alcohol test, you will not be eligible for employment with the District. You further understand that certain over-the-counter medications or prescribed drugs may result in a positive test result, and agree that you will disclose over-the-counter medications or prescribed drugs you are currently taking or have taken within the past thirty (30) days. You further agree to sign and submit to the District the attached *Post-Conditional Offer Consent to Drug & Alcohol Testing and Authorization To Release Medical Information*.

APPLICANT'S CERTIFICATION AND SIGNATURE

I certify that the answers given in this application, including any documentation submitted with or in connection with, this application are true and complete.

Applicant's Signature

Date

AGATE FIRE PROTECTION DISTRICT

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

I understand that in connection with the application process, the Agate Fire Protection District (“District”) may request information from my past employers, volunteer organizations, educational institutions, and personal references, and that such investigation may include a review of any criminal records and driving record. I have provided complete and truthful information to the District regarding all sources of information about my past employment/volunteer service, education, licensure, driving record, criminal conviction record, as well as any information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist the District in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the District regarding my previous employment and volunteer services, and authorize all past employers and volunteer organizations, or agents they may designate, to respond to the District’s verbal or written inquiries regarding my employment/volunteer services, including, but not limited to, positions held, dates of employment/volunteer services, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonestly, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational or vocational institutions I have attended, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees or other certificates conferred.

3. I authorize and consent to the District, or its agent, contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District’s background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the District, or its agent, verifying the Social Security number I have provided upon my employment with the District.

5. I authorize and consent to the District’s, or its agent’s, thorough investigation of whether I have a record of crimidistrictnal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District’s criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment.

6. I hereby release and hold harmless the District, its current and past Directors, officers, employees and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application for employment and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District, or its agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.

7. I have carefully read this Authorization and Release, and voluntarily agreed to its terms in order to assist the District in evaluating my qualifications for employment.

Please print your full name

Please print any other names you have used

Home Address

City

State

Zip Code

Social Security Number (optional)

Driver's License Number

State Issuing

Name as it appears on license

Signature

Today's Date

AGATE FIRE PROTECTION DISTRICT

CONSENT TO DRUG/ALCOHOL TESTING & AUTHORIZATION TO RELEASE MEDICAL INFORMATION (POST-CONDITIONAL JOB OFFER)

I have applied for employment with the Agate Fire Protection District (“District”). I understand that, if the District makes a conditional offer of employment, I must pass a drug/alcohol test. In furtherance of my application for employment, I voluntarily and of my own free agree that:

1. Upon notification by the District, I will submit to, and fully cooperate with, a drug/alcohol test by the District’s designated testing facility (“Testing Facility”).
2. I expressly consent to the Testing Facility taking one or more urine samples to test for illegal drugs and/or controlled substances and alcohol (“Samples”).
3. I expressly authorize the Testing Facility to release the results of any test performed on the Samples to the District. I specifically authorize the release and disclosure of my Health Information, including any Protected Health Information, to the District. The District will hold all Health Information of the applicant confidential and separate from other personnel records.
4. Unless I revoke this Authorization earlier, it will expire 1 year after the date I sign it. I understand that information disclosed to the District may no longer be protected by the federal privacy regulations and may be redisclosed and used by the District in accordance with federal, state and local law.
5. I hereby release and hold harmless the District, and its past and present Directors, officers, employees, volunteers, agents and representatives, and any individual or entity taking, testing and reporting upon the Samples authorized by this Authorization, from any and all claims arising from such activities, including but not limited to, any claims for defamation, invasion of privacy, unlawful search and seizure, fraud, misrepresentation, intentional or negligent interference with prospective business relations, breach of contract, negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions whatsoever, whether known or unknown to me presently, that I may have now or in the future.
6. Colorado law governs this Authorization. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. In any dispute arising from or relating to this Authorization, the prevailing party shall be awarded its/his/her reasonable attorney’s fees, costs and expenses, including any attorneys’ fees, costs and expenses incurred in collecting upon any judgment, order or award. This Authorization may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.

I have carefully read this Authorization and voluntarily agreed to its terms and conditions.

Applicant's Signature

Date