



# Pleasant View Metropolitan District Fire Department Application for Firefighter

|                    |                      |                    |                 |
|--------------------|----------------------|--------------------|-----------------|
| Internal use only  |                      |                    |                 |
| App. Number: _____ | Date Received: _____ | Received By: _____ | Time: _____     |
| Birth Cert YES NO  | MVR: YES NO          | CBI: YES NO        | Diploma: YES NO |

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications to serve as a firefighter. This is not intended to be an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview process or on this form are grounds for terminating the application process, or if discovered after career employment has started, termination will result. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, ancestry, religion, transgender status or the presence of any disability. Additional testing of job-related skills may be required.

**APPLICANT INSTRUCTIONS:** A well prepared application is important. Read the entire application before answering any questions. Answer each question using *not applicable* if appropriate. **DO NOT LEAVE ANY BLANKS.** Evaluation of your qualifications will be based, in large part, on the information you provide herein. **Incomplete or late applications (if there is a deadline) will not be processed.**

1. Application must be printed in blue or black ink, typed. Fill in all blanks completely and accurately.
2. Please explain any period of unemployment exceeding 90 days.
3. Notices of examinations and result may be provided through the address and telephone number you provide. It is your responsibility to notify the Fire Department of any change of address or phone number.

Full Legal Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_

City State Zip

How long at this address? \_\_\_\_\_

How long have you lived in Colorado? \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## EDUCATION:

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Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on the application, please enter that name here. \_\_\_\_\_

| NAME              | CITY/STATE | GRADUATION DATE | DEGREE                    |
|-------------------|------------|-----------------|---------------------------|
| HIGH SCHOOL / GED |            |                 |                           |
| COLLEGE           |            |                 |                           |
| FIRE ACADEMY      |            |                 | NUMBER OF HOURS COMPLETED |
| OTHER             |            |                 |                           |

| CERTIFICATIONS     | CERTIFICATE # | EXPIRATION DATE | OTHER INFO |
|--------------------|---------------|-----------------|------------|
| FIREFIGHTER I      |               |                 |            |
| FIREFIGHTER II     |               |                 |            |
| DRIVER OPERATOR    |               |                 |            |
| OFFICER I          |               |                 |            |
| OFFICER II         |               |                 |            |
| OFFICER III        |               |                 |            |
| HAZ-MAT AWARENESS  |               |                 |            |
| HAZ-MAT OPERATIONS |               |                 |            |
| HAZ-MAT TECHNICIAN |               |                 |            |
| FIRST RESPONDER    |               |                 |            |
| COLORADO EMT-B     |               |                 |            |
| COLORADO EMT-P     |               |                 |            |
| BLS-CPR            |               |                 |            |
| ACLS               |               |                 |            |
| PALS               |               |                 |            |
| BLS Instructor     |               |                 |            |
| Red Card           |               |                 |            |
| OTHER              |               |                 |            |
| OTHER              |               |                 |            |
| OTHER              |               |                 |            |

**REFERENCES:** (NOT EMPLOYERS OR RELATIVES – At least three)

| NAME | ADDRESS | OCCUPATION | PHONE |
|------|---------|------------|-------|
|      |         |            |       |
|      |         |            |       |
|      |         |            |       |
|      |         |            |       |

**ADDITIONAL INFORMATION:**

A. List all traffic violations with dates and locations for past five years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Are you now or have you been a member with a volunteer or career fire department? \_\_\_\_\_  
 If yes, please list name of organization, address and date of membership: \_\_\_\_\_

\_\_\_\_\_

C. Why do you want to work for the Pleasant View Metropolitan District Fire Department?

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List present employer or most recent employer first (use other side of this application if necessary).

May we contact these employers?  Yes  No

|  |   |  |
|--|---|--|
| _____<br>Employer<br>_____<br>Address<br>_____<br>City:            State:            Zip:<br>_____<br>Telephone: | Employed:<br>From: _____<br>Mo. / Yr.<br>To: _____<br>Mo. / Yr. | Supervisor's Name: _____<br>Your Job Title:<br>_____<br>_____<br>_____ |
| Duties: _____<br>_____<br>_____  |   |  |
| Reason for leaving:  |   |  |

|                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Employer _____                      | Employed:                | Supervisor's Name: _____ |
| Address _____                       | From: _____<br>Mo. / Yr. | Your Job Title:<br>_____ |
| City: _____ State: _____ Zip: _____ | To: _____<br>Mo. / Yr.   | _____                    |
| Telephone: _____                    |                          | _____                    |

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

|                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Employer _____                      | Employed:                | Supervisor's Name: _____ |
| Address _____                       | From: _____<br>Mo. / Yr. | Your Job Title:<br>_____ |
| City: _____ State: _____ Zip: _____ | To: _____<br>Mo. / Yr.   | _____                    |
| Telephone: _____                    |                          | _____                    |

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**BEFORE SIGNING: Please check application for errors and/or omissions and read the following carefully.**

I certify that the information given herein is 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. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Fire Chief or the Board of Directors. I also may terminate my employment at any time.

In consideration for my employment by the district, I agree to comply with the rules and regulations of the District set forth in the Policy and Procedure Manual. I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the District at any time, at the District's sole option and without any prior notices to me.

I understand that it is my responsibility to keep the Pleasant View Metropolitan District informed of changes in my application, including address, phone number employment availability, etc. I further understand that failure to keep any scheduled appointment without proper notice (Including tardiness) shall be considered just cause for disqualification. Should I desire to be reconsidered, it will require a new application to be filed during the next application period.

I also understand that depending on the District policy and the needs of the job, after an offer of employment and prior to reporting to duty I may be required to submit to a drug test, medical and psychological review by a medical professional designated by the district, and that the Pleasant View Metropolitan district has the right to obtain these results.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_



# Pleasant View Metropolitan District Fire Department Application for Firefighter

## APPLICATION CHECKLIST

This sheet is intended to assist you in the application and testing process with the Pleasant View Metropolitan Fire Department. This sheet is for your use and records, please do not submit with your application.

Before submitting your application, please make sure you have filled in all applicable information, as incomplete applications will be rejected. Also, make sure you submit the following documentation:

- Current Resume**
- Driving Record** (obtain at any Department of Motor Vehicles office that does Drivers Licenses or 1881 Pierce St.)
- Certificates/Credentials** (please include any certificates or credentials that you feel might help our decision to accept you)
- Copy of Colorado Drivers License**
- Copy of High School Diploma or G.E.D.**

Once all applications have been received and processed you will be notified of your standing. Selected candidates will be invited to participate in the testing process which will consist of:

- **Written Exam** – This exam is designed to evaluate your basic and technical knowledge.
- **Physical Agility Test** – This test is designed to evaluate your physical abilities.
- **Oral Interview** – In this portion of the process you will be interviewed by a panel of your prospective peers and co-workers.