



TOWN USE ONLY	
Date Received: _____	By: _____

APPLICATION FOR EMPLOYMENT - FIRE DEPARTMENT

The following application must be completed for anyone wishing to be considered for employment in the Town of Palmer Lake. A resume and/or additional pages, if desired, may also be submitted with this application. Email completed application to info@palmer-lake.org

Note: We consider applicants for all positions without regard to ancestry, color, creed, gender variance, genetic characteristics, immigration status, marital status, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, source of income, age, or pregnancy, or any other legally protected status.

APPLICANT INFORMATION

Name: _____ Phone: _____

Email: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Position Applying for: _____

Desired Wage/Salary: _____

Have you ever filed an application with us before? Yes No

If yes, date of prior application: _____

Are you available to work: Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if necessary? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you able to be lawfully employed in this country? Yes No

Note: Proof of eligibility will be required upon employment.

Have you been convicted of a crime in the past seven years? Yes No

Note: Conviction will not necessarily disqualify you for employment

If 'Yes', explain: _____

EMPLOYMENT EXPERIENCE

List your employment history, starting with most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate any protected status. This section must be completed even if a resume is provided. Attach additional sheets if needed. **Fire Department applicants shall include all previous Fire and EMS experience on a separate sheet of paper.**

1. Name: _____ Phone: _____
Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Job Duties: _____
Is this your current employer? Yes No Dates Employed: FROM _____ TO _____
Reason for leaving: _____
May we contact this employer? Yes No

2. Name: _____ Phone: _____
Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Job Duties: _____
Is this your current employer? Yes No Dates Employed: FROM _____ TO _____
Reason for leaving: _____
May we contact this employer? Yes No

3. Name: _____ Phone: _____
Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Supervisor: _____
Job Duties: _____
Is this your current employer? Yes No Dates Employed: FROM _____ TO _____
Reason for leaving: _____
May we contact this employer? Yes No

List any professional, trade, business, or civic activities and offices held. You may exclude membership which reveals any protected status.

EDUCATION

List your education, starting with the most recent. Attach additional sheets if needed:

1. Name of Organization Attended: _____
Dates of Attendance: _____ to _____ Did you graduate: Yes No
Degree/Diploma/Certificate Earned: _____

2. Name of Organization Attended: _____
Dates of Attendance: _____ to _____ Did you graduate: Yes No
Degree/Diploma/Certificate Earned: _____

3. Name of Organization Attended: _____
Dates of Attendance: _____ to _____ Did you graduate: Yes No
Degree/Diploma/Certificate Earned: _____

QUALIFICATIONS

List any special job-related skills and qualification acquired from employment or other experience:

List any special skills you have or equipment you can operate proficiently that would help you in the position for which you are applying:

List any additional information you feel may be helpful to us in considering your application:

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE READ THE JOB DESCRIPTION AND PHYSICAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing, in a reasonable manner, the activities involved in the job for which you are applying? Yes No

REFERENCES

List 3 references we may contact:

1. Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

CERTIFICATIONS/ACHIEVEMENTS/SERVICE

CERTIFICATIONS (INCLUDE COPIES OF ALL CURRENT CERTIFICATIONS)					
Please check (X) for expired certifications and date of expiration for all CURRENT CERTIFICATIONS					
CPR	Exp. Date:		HAZ-MAT AWARENESS	Exp. Date:	
EMT-A	Exp. Date:		HAZ-MAT OPS	Exp. Date:	
EMT-B	Exp. Date:		S130/S190	Exp. Date:	
EMT-IV	Exp. Date:		FIRE OFFICER	Exp. Date:	
PARAMEDIC	Exp. Date:		FIRE INSTRUCTOR	Exp. Date:	
FF1	Exp. Date:		DRIVER/OPERATOR	Exp. Date:	
FF2	Exp. Date:				
OTHER ACHIEVEMENTS, AWARDS OR OTHER PERTINENT TO POSITION					
MILITARY SERVICE					
Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

CAPABILITIES

By initialing below, you affirm that you are capable of performing in a reasonable manner the activities involved in the job of firefighter with reference to NFPA 1582

_____ (1) Wearing personal protective equipment (PPE) and self-contained breathing apparatus (SCBA) while performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods.

_____ (2) Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads.

_____ (3) Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazards, or heated gases, despite the use of PPE and SCBA.

_____ (4) Climbing six or more flights of stairs or walking a similarly strenuous distance and incline in jurisdictions without tall buildings while wearing PPE an SCBA, commonly weighing 40-50lb (18-23 kg) and carrying equipment/tools weighing an additional 20-40lb (9-18kg).

_____ (5) Wearing PPE and SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).

_____ (6) Working alone while wearing PPE and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 165lb (75kg) to safety despite hazardous conditions and low visibility.

_____ (7) While wearing PPE and SCBA, advancing water-filled hose lines up to 1 3/4in. (45mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.

_____ (8) While wearing PPE and SCBA, climbing ladders, operating from heights, walking, or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards.

_____ (9) Unpredictable, prolonged periods of extreme physical exertion as required by emergency operations without benefit of warm-up period, scheduled rest periods, meals, access to medication(s), or hydration.

_____ (10) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

_____ (11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

_____ (12) Ability to communicate (i.e., give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (e.g., sprinklers).

_____ (13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to members of the public or other team members.

_____ (14) Working in shifts, including during nighttime, that can extend beyond 12 hours.

APPLICANT ACKNOWLEDGEMENT

By initialing below, Applicant understands and agrees to the following:

_____ I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ I understand that the Town of Palmer Lake will conduct background checks including, but not limited to, employment references, driving records, criminal background records, and educational attainment.

_____ I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I shall inquire as to whether or not applications are being accepted at that time.

_____ If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

_____ I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

THIS APPLICATION HAS BEEN EXAMINED AND COMPLETED BY ME. ALL OF THE INFORMATION COMPLETED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY SIGNING BELOW, I HEREBY CERTIFY THAT I AM THE PERSON WHOSE NAME APPEARS ON THIS APPLICATION AS THE APPLICANT.

Applicant Signature

Printed Name

Date