



BENNETT FIRE PROTECTION DISTRICT 7
355 4th Street, Bennett, CO 80102; 303-644-3572
employment@bennettfirerescue.org

APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Date of Application: _____

Personal Information

Last Name: _____ First Name: _____ MI: _____

Do you have any other names you have been referred to such as, maiden names, names used in online social networking sites, blogs, online gaming: If so please list: _____

Social Security No.: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Telephone No.: _____ Address: _____

Employment History (If not currently employed list 2 previous employers)

Current Employer: _____

Address: _____
City State Zip

Dates of Employment: From: _____ To: _____ Title: _____

Your duties: _____

Supervisor' Name: _____ Phone No. _____

May we contact your current supervisor? Yes _____ No _____

Reason for leaving: _____

Previous Employer: _____

Address: _____
City State Zip

Dates of Employment: From: _____ To: _____ Title: _____

Your duties: _____

Supervisor' Name: _____ Phone No. _____

May we contact your previous supervisor? Yes _____ No _____

Reason for leaving: _____

Education

High School Attended: _____ Year Graduated: _____

GED Acquired From: _____ Year Acquired: _____

College Attended: _____ Degrees _____

Years Attended: _____

Course of Study: _____

Driving History (Include a copy of your driver's license)

Drivers License No.: _____ State: _____ Expiration: _____

Have you had any moving violations: Yes: _____ No: _____ If yes, please explain:

Date	Original Charge	Final Charge	Outcome
_____	_____	_____	_____

(Attach a separate page if more space is required)

Has your license ever been suspended or revoked: Yes: _____ No: _____ If yes, please explain:

(Attach a separate page if more space is required)

Legal

Have you ever pled guilty, pled no contest to, or been convicted of, a misdemeanor:

Yes: _____ No: _____ If yes, please explain:

Date	Original Charge	Final Charge	Outcome
_____	_____	_____	_____

(Attach a separate page if more space is required)

Have you ever pled guilty, pled no contest to, or been convicted of, a felony:
Yes: _____ No: _____ If yes, please explain:

Date	Original Charge	Final Charge	Outcome

(Attach a separate page if more space is required)

Experience / Training (Check any/all that apply)

	<u>Experienced</u>	<u>Knowledgeable</u>
_____ Microsoft Word	_____	_____
_____ Microsoft Excel	_____	_____
_____ Accounting	_____	_____
_____ Human Resources	_____	_____
_____ Typing/Keyboarding	Approximate Speed: _____	
_____ 10-Key by Touch		

List any other course, training, or experience that would relate to position applying for:

References

Please provide three references who the District may contact who are not related to you.

1. Name: _____ Phone: _____

How do you know this person: _____

2. Name: _____ Phone: _____

How do you know this person: _____

3. Name: _____ Phone: _____

How do you know this person: _____

**APPLICANT'S STATEMENT AND AUTHORIZATION TO CONDUCT AND
OBTAIN EMPLOYER'S CRIMINAL BACKGROUND HISTORY AND DRIVING
RECORD - PLEASE READ CAREFULLY**

I certify that all of the information and answers provided by me in this application is/are true and complete to the best of my knowledge. I understand that the information contained herein may be used to determine my eligibility and suitability as a volunteer or employee with the Bennett Fire Protection District, and that if I provided false or misleading information or if I concealed information or caused or authorized anyone else to provide false or misleading information or to conceal information in connection with my application, that it will be grounds for denial of my Application or termination my membership or employment as the case may be.

I give my permission for the Fire Chief or his designee to investigate and verify all of the information given by me in this Application. I release any person from any liability in connection therewith.

I authorize the District to receive a copy of my driver's license a copy of which is attached and to obtain a copy of my driver's record. I consent to a criminal background check and will provide my social security number for that purpose but for no other purpose.

I understand that neither this Application nor any offer of membership or employment from the District constitutes an employment contract unless a specific document to that effect is executed by the District's Board of Directors as authorized at an official Board meeting.

I also understand that I am required to and will abide by all of the District's rules, Standard Operating Procedures, policies and orders of the District and its officers.

Print Name: _____

Signature: _____ Date _____

BENNETT FIRE PROTECTION DISTRICT NO. 7

FAIR CREDIT REPORTING ACT – DISCLOSURE AND CONSENT

- PLEASE READ CAREFULLY -

In connection with an Application for employment or membership as a volunteer, the Bennett Fire Protection District will obtain a copy of the applicant’s driving record and conduct a criminal background check. These records and criminal documents may be obtained from outside third parties who conduct applicant background checks. These records and documents may be considered investigative consumer reports under the Fair Credit Reporting Act (“FCRA”), and will be used solely for employment/membership purposes.

I authorize and consent to the District requesting and receiving a copy of my driver’s license and my driver’s record. I authorize the District to perform and consent to a criminal background check and will provide my social security number for that purpose but for no other purpose. I understand that these records and documents may be obtained by and from outside third parties who conduct applicant background checks. I release the District from any liability in connection therewith.

Print Name: _____

Signature: _____ Date _____

If the District decides not to hire or select an applicant based in whole or in part on information in the consumer report, the District will inform the applicant that it plans on taking adverse action, will give a copy of the consumer report to the applicant and advise the applicant of his/her rights under the FCRA to dispute inaccurate or incomplete information contained the report.