

# Application

Volunteer Firefighter  
Candidate Training Program



2018

# Application

## Resident Firefighter

### Candidate Training Program

**PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION**

This is a volunteer position within the meaning of the Fair Labor Standards Act of 1938, 29 U.S.C.A. §§ 201, et seq. (FLSA), and the regulations of the US Department of Labor Wage and Hour Division, 29 C.F.R. § 553.100 et seq., interpreting and implementing the FLSA. As such, individuals participating in the District's Volunteer Firefighter Candidate Training Program ("Program") do so for civic, charitable and/or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, as defined under the FLSA and the related regulations.

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 accepted into the Program or immediate termination at any point in the future if you are accepted into the Program or the District's Volunteer Firefighter Program.

The District fully supports, and complies with, all applicable federal, state and local laws relating to the appointment of individuals to the Program. 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:** 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.

### GENERAL INFORMATION

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

Are you legally eligible for employment in the U.S.?

(Because the District's volunteers receive stipends, *proof of eligibility to work in the U.S. will be required upon acceptance into the Volunteer Firefighter Program 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?

Yes  No If yes, give dates: \_\_\_\_\_

Do you know anyone who works or volunteers for *Chaffee County Fire Protection 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 ever been convicted of a crime (other than a minor traffic offense)? "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.

Yes  No If yes, please explain. Include the conviction, approximate date, and city/state of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT/VOLUNTEER EXPERIENCE AND REFERENCES

Start with your present or last job working back in time and explain any significant gaps in time. Include any job-related military service assignments and volunteer activities. **THIS SECTION MUST BE COMPLETED - (If you desire, you may attach a resume in addition to completing this Section).**

<b>I) Employer's Name and Address</b>	From		To		Reason for Leaving:
	Mo	Yr	Mo	Yr	
Telephone:					
Job Title:					
	Work Performed:				
Name of Supervisor:	_____				

<b>II) Employer's Name and Address</b>	From		To		Reason for Leaving:
	Mo	Yr	Mo	Yr	
Job Title:	Work Performed:				
Name of Supervisor:					
<b>III) Employer's Name and Address</b>	From		To		Reason for Leaving:
	Mo	Yr	Mo	Yr	
Job Title:	Work Performed:				
Name of Supervisor:					
<b>IV) Employer's Name and Address</b>	From		To		Reason for Leaving:
	Mo	Yr	Mo	Yr	
Job Title:	Work Performed:				
Name of Supervisor:					

Are you currently employed?

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 while considering your application.

### POST-CONDITIONAL OFFER REQUIREMENT

By signing this application, you acknowledge the District has a drug and alcohol policy, and agree to comply with that policy, including undergoing a drug/alcohol test if the District makes a conditional offer for you to participate in its REsident Firefighter Candidate Training Program. You further acknowledge and agree that if you fail, or refuse to submit to, the drug/alcohol test, you will not be eligible to volunteer 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 acknowledge that the District will check and confirm all information provided by you in this application if the District makes a conditional offer for you to participate in its Resident Firefighter Candidate Training Program.

#### 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**