

South Conejos Fire Protection District  
PO Box 233  
Antonito, CO 81101  
(719) 580-0381

## South Conejos Fire Protection District Application For Appointment

For  
Fire Member Fighter

“An Equal Opportunity Employer”

**Instructions:** Please print, write or type all information clearly. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates, which support your application. All materials submitted become the property of SCFPD and will not be returned. **All statements made on this application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of appointment.**

Name \_\_\_\_\_  
Last Name First Name MI

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present Mailing  
Address: \_\_\_\_\_  
Street City State Zip

Physical  
Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

Driver's License# \_\_\_\_\_

**EMPLOYMENT HISTORY:** The information you provide, in addition to education, will be used to determine if you meet the minimum qualifications, and in some cases, placement on the eligibility list for the position you are seeking. Give a complete record including part-time work and volunteer experience and indicate number of hours worked weekly. Indicate date, month and year beginning and ending for each position held and a thorough description of duties performed for each. Start with your current or most recent employer. You may attach a separate sheet for additional information.

Employer:		Description of your work:	
Address:			
Telephone:                      Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Current Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact your present employer?	
Employer:		Description of your work:	
Address:			
Telephone:                      Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	
Employer:		Description of your work:	
Address:			
Telephone:                      Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	
Employer:		Description of your work:	
Address:			
Telephone:                      Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	

<b>Employer:</b>		<b>Description of your work:</b>	
<b>Address:</b>			
<b>Telephone:</b>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
<b>Salary:</b>	<b>Position Title:</b>	<b>Number and type of people you supervised:</b>	<b>Dates</b> From: To:
<b>Supervisor's name and title:</b>	<b>Reason for changing employment:</b>	<b>May we contact this employer?</b>	

*Additional Employment information:* State briefly any accomplishments, hobbies, skills, scholastic honors, interests, or experiences that you would like noted. Attach additional sheets if necessary.

<b>Circle Highest Grade Completed</b>					<b>Do you have a high school equivalency certificate or GED certificate?</b>
Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate 1 2 3	Ph. D. 4	

	School Name and Location	Dates Attended		Date Graduated	Degree Awarded (BA, MB, PHD)	Credit Hours Earned	Major Subject	Minor Subject
		From	To					
Grade School								
High School Or GED								
College Or University								
Graduate								
Other Education (Trade or Business)								

Are you studying now? \_\_\_\_\_ If so where? \_\_\_\_\_ Courses: \_\_\_\_\_  
School and Location

<b>Military Service:</b> Date of Service _____ From _____ To _____ Branch: _____ Type of Discharge: _____	<b>Describe Primary Duties:</b>
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References: List Three (3) personal references who are not relatives or former employers

Name and Occupation	Address	Telephone Number

*Qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, national origin or disability as established by Federal Law, State Law, County Ordinance, and County Executive Order.*

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<b>Intentionally Left Blank</b>	
	<p>When are you available to begin work, if selected for employment?</p>

<b>Intentionally Left Blank</b>	<p>Since your 18<sup>th</sup> birthday, have you been convicted of any violation of the law other than a minor traffic offense?</p>
	<p style="text-align: center;">Yes _____ No _____</p> <p>Note: A conviction does not automatically mean you cannot be employed by the county. The nature of the offense, how long ago it occurred, etc. are given consideration.</p> <p>If yes, please give</p> <p><b>Nature of Offense:</b></p> <p><b>Name and location of court:</b></p> <p><b>Disposition of case:</b></p> <p><b>Date:</b></p>

**Please describe briefly below why you feel you are qualified to hold a position of Fire Fighter.**

**Please Read Carefully:**

**I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of fact in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my appointment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I understand that if I am appointed by the South Conejos Fire Protection District, the District shall require verification of my identity and eligibility for appointment in the United States. I hereby release said organization from any liability to claim whatsoever for issuing this information. I also permit the South Conejos Fire Protection District to conduct a police records investigation of my background if required for the position for which I am being appointed.**

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Applicant's Signature

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Date