



North Routt Fire Protection District

P.O. Box 758
Clark, CO 80428
(970) 879-6064 (970) 879-6726 Fax



Job Application

Name _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Email _____

Driver License # _____ Class _____ State _____ SSN _____

Education (Last Grade Completed) 9 10 11 12 College

Name of High School _____ City/State _____ Date Graduated _____

Last College Attended _____ Major _____

City/State _____ Date Graduated _____

Special Skills/Qualifications/Training: _____

*Applicants must be willing to submit to a personal background investigation and questionnaire.

Date available to start _____

Do you have reliable personal transportation? Yes ___ No ___

Information requested is voluntary and will be used for Affirmative Action purposes. Failure to answer will not subject the applicant to adverse treatment. Please check the applicable space:

Sex & Race	Male	Female
Black, Non-Hispanic	___	___
American Indian	___	___
Asian or Pacific Islander	___	___
Hispanic	___	___
White, Non-Hispanic	___	___



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PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING WORK HISTORY

To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Applications lacking sufficient information will be rejected. List your entire work history, including volunteer work. List jobs in reverse order, starting with your present or last employer. Be thorough and specific in the detailing of duties. If necessary, copy this page or use blank sheets following same format to show additional employment.

Present/Last Employer _____

Address _____ Phone _____

City _____ State _____ Zip _____ Position _____

Employed From _____ To _____ Hours/Week _____ Pay/Hour _____

Reason For Leaving _____ Supervisor _____

Duties: _____

Present/Last Employer _____

Address _____ Phone _____

City _____ State _____ Zip _____ Position _____

Employed From _____ To _____ Hours/Week _____ Pay/Hour _____

Reason For Leaving _____ Supervisor _____

Duties: _____

Present/Last Employer _____

Address _____ Phone _____

City _____ State _____ Zip _____ Position _____

Employed From _____ To _____ Hours/Week _____ Pay/Hour _____

Reason For Leaving _____ Supervisor _____

Duties: _____



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List three Personal References: NOT family members or former supervisors.

Name _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Occupation _____ Years Known _____

Name _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Occupation _____ Years Known _____

Name _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Occupation _____ Years Known _____

CERTIFICATION

I am aware that this application is considered open record per Colorado Law.

I certify that all of the statements made in this application are true to the best of my knowledge and belief and are made in good faith.

SIGN IN INK

Signature _____ Date _____

Note: All employees will be required to provide copies of their state issued driving records. Applicants must be willing to submit to a personal background investigation.