

ESTES VALLEY FIRE PROTECTION DISTRICT AUXILIARY EMPLOYMENT APPLICATION

901 North Saint Vrain Ave. Estes Park, CO 80517 (970) 577-0900; (970) 5770923 (fax) www.estesvalleyfire.org

	FOR OFFICAL USE ONLY:
	Date Received
NAME (Last, First, Middle Initial):	
POSITION APPLIED FOR:DA	ΓΕ:
INSTRUCTIONS: Please complete this application in its entirety. Type accurately. No action will be taken on this application until all question the space provided is not adequate, add another page and identify the item number. Resumes may be submitted as additional detail but not irrequested.	s have been answered. If additional information by
BIOGRAPHICAL INFORMATION	
Name (Last, First, Middle):	
Other names by which you are (or have been) known:	
Mailing Address:	
Home Phone: Cell Phone:	Cell Phone Carrier:
Social Security Number:	
Are you 18 years of age or older? Yes No	
MILITARY SERVICE ■ Have you ever been in the United States Military? . Y	res No
■ What Branch of Service? Type	e of discharge?
EMPLOYMENT HISTORY	
May we contact your current or prior employers?	res No

If YES, please provide names and contact information.

DRIVIN	IG RECORD				
•	Do you have a va	alid driver's license?	Yes	No	
•	State:	Type:	Number:		Exp. Date:
•	Any Restrictions?				
•	What other states	s or countries have you	held a driver's	s license in? List ye	ears.
-	 List all traffic citations you have received in the past 3 years (exclude parking). Give the Date(s), Violation(s), City and State. 				
PERSO	ONAL CHARACTE	RISTICS			
		s question do not autor vill be grounds for autor			osition.
•		een convicted of a felor Influence (DUI)?	ny, or any alcol	hol-related offense	s including
•	If yes, explain in o	detail. Include date (s)	and type of vic	Dlation (s), City and	State.
	AL SKILLS AND P				
List any special skills or knowledge that you would bring to the Estes Valley Fire Protection					
District	:				

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I authorize the investigation of my criminal history and any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer (except previously noted), past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- I understand that the Estes Valley Fire Protection District may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete copy of their report.
- I understand that if I am extended an offer of employment, it may be conditioned upon my successful passing one or more pre-employment screenings, including physical examinations, psychological screening, and drug and/or alcohol testing. If required, I consent to the Screenings and the release of any or all medical information as may be deemed necessary to judge my capability to do the work that I am applying. I consent to a pre or post employment drug and/or alcohol screen as a condition of employment if required.
- I understand that this application, verbal statements by EVFPD representatives, or subsequent employment does not create an expressed or implied contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reasoned and with or without notice.

I have read, understand, and my signature consents to these statements.			
Signature:	Date:		
(Applications without signature will be automatically rejected.)			



ESTES VALLEY FIRE PROTECTION DISTRICT PREVENT PREPARE PERFORM

Criminal Background Check

Please complete the following information:				
I, perform a criminal background ch	eck.	authorize the Estes Valley F	ire Protection District to	
Name:	Middle	Last	Maiden	
Social Security #:				
Date of Birth:				
any felony convictions found will I federal privacy laws, including the	Protection District to conduct a crimi become a matter of public record. I Privacy Act of 1974 with respect to g that any and all information furnis	further understand and acknown access and disclosure of inf	owledge my rights under formation and hereby waive	
Signature:		Dat	e:	
For internal staff use				
CBI check performed by:		_		
Date CBI check performed:		_		
Results of check:				

DR 2559 (05/24/23)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Driver Control Section, Room 164
PO Box 173345
Denver CO 80217-3345
DMV.Colorado.gov

§ 42-1-206 (1)(b)(l)).

Search Fee \$9.00	
Certified Fee (Additional) \$	1.00

Certified Record

Permission to Release Driver Records to Self or Another Person

Driver License Offices provide only personal driving record information. Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO Pursuant to § 42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S. 7 Year Driver Record Full Driver Record Commercial Driver Record O Other If you are requesting a copy of a confidential crash (counter) report (Pursuant to § 42-4-1610, C.R.S.), fill out the following. Confirmation Number Date of Crash (MM/DD/YY) Last Name (Please print) First Name I hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to: Last Name (Please print) First Name Check if to self Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§ 24-72-204,

Driver		
Driver Date of Birth	Driver License Number	
Signature		Date (MM/DD/YY)
Signature of Parent or Guardian if Driver is a Minor		Date (MM/DD/YY)
Person Rece	eiving Record	
Release Records to: Last Name	First Name	
Goetz	Erika	
Driver License Number	State	
	СО	
Company (if applicable)		
Estes Valley Fire Protection District		
Mailing Street Address		
901 N Saint Vrain Ave		
City		State ZIP Code
Estes Park		CO 80517
Email Address		Phone Number
egoetz@estesvalleyfire.org		970-577-3681
If your check is returned for insufficient funds or a cl type of driver license or identification card until the c and short check fee are paid.		
Under penalty of perjury, I attest that I shall not obtain manner prohibited by law. I understand that motor wor transferred for purposes prohibited by law may so and state law. All of the information provided is true	ehicle or driver records that a ubject me to civil or criminal p	are obtained, resold, benalties under federal
Signature of Requestor		Date (MM/DD/YY)