

DRIVING RECORD

- Do you have a valid driver's license? Yes No
- State: Type: Number: Exp. Date:
- Any Restrictions?

- What other states or countries have you held a driver's license in? List years.

- List all traffic citations you have received in the past 3 years (exclude parking). Give the Date(s), Violation(s), City and State.

PERSONAL CHARACTERISTICS

Affirmative answers to this question do not automatically disqualify you for this position. Withholding information will be grounds for automatic disqualification.

- Have you ever been convicted of a felony, or any alcohol-related offenses including Driving Under the Influence (DUI)? Yes No
- If yes, explain in detail. Include date (s) and type of violation (s), City and State.

SPECIAL SKILLS AND KNOWLEDGE

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.)

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
- 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, § 42-1-206 (1)(b)(I)).

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 Receiving Record

Release Records to: Last Name

First Name

Driver License Number

State

Company (if applicable)

Mailing Street Address

City

State

ZIP Code

Email Address

Phone Number

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver license or identification card until the original check is redeemed and an administrative and short check fee are paid.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil or criminal penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor

Date (MM/DD/YY)