



APPLICATION FOR VOLUNTEER FIREFIGHTER

Date _____

Name _____
Last First Middle

Home Phone _____ Cell Phone _____
Work Phone _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

IMPORTANT INFORMATION AND INSTRUCTIONS

We appreciate your interest in joining the department. Your completed application is the primary source of information for making selections for interviews.

1. Any offer of membership may be contingent upon job related factors including (but not limited to) successful completion of a physical examination, drug and alcohol testing, verification of your employment and references, and a routine background check, including any criminal record.
2. All applications must be signed to certify that all statements are true and complete.

GENERAL INFORMATION

1. Are you 18 years of age or older? yes no
2. Have you applied with the department before? yes no
3. Do you live in the Central City Volunteer Fire Department response area? yes no
4. Have you been convicted of a crime, **excluding** misdemeanors and summary offenses in the past ten (10) years which has not been annulled, expunged or sealed by Court? yes no
If yes, give particulars

(A conviction record will not necessarily be a bar to membership. Factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.)

5. Please provide the following drivers license information:
State _____ Class _____ Number _____ Expiration Date _____

EMPLOYMENT INFORMATION:

Name of employer: _____
Employer Address: _____

Your Job Title: _____
Immediate Supervisor: _____
Telephone Number: _____
Employed from: _____ to: _____

Do you have previous firefighting experience? yes no

If yes, please provide department(s) name, address, phone number, and dates of employment below:

| Fire Department | Address | Telephone Number | Dates of Employment |
|------------------------|----------------|-------------------------|----------------------------|
| | | | |
| | | | |
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EDUCATION

Please list any education, training, volunteer work or other relevant experience that would be of assistance in evaluating your qualifications. Include dates, names of schools, length of experience, etc. Indicate any current skills / certifications you have earned.

CERTIFICATION

I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rejection of my application or dismissal regardless of length of membership. I authorize the department to make any investigation regarding employment and educational history, to perform any background investigations as deemed appropriate and to contact the listed references. If accepted, I will abide by all rules, regulations and policies of the department.

Applicant Signature: _____

How did you hear about the department?

- Central City Web Site Flyer Other _____
 Banner Newspaper Article / Ad

Please Email, Mail or Fax your completed Application to:

Central City Fire Department

P.O. Box 175

Central City, CO 80427

Fax: 303-582-5803

gallen@centralcityfire.org

For Administrative Use Only

Decision of Review Board: _____ Date: _____

BACKGROUND CHECK RELEASE
FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE

As an applicant or a current volunteer of Central City Fire Department, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, Central City Fire Department may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application to volunteer, (2) making a decision whether to offer you a volunteer or employment position, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment/volunteer-related decisions directly affecting you.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment or volunteer purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I hereby voluntarily authorize Central City Fire Department to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment or volunteer status at Central City Fire Department. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to Central City Fire Department. I understand that if I am employed or volunteer with Central City Fire Department, this authorization shall remain in effect throughout my employment and/or volunteer status. This report may be delivered in either written or electronic form.

Signature

Date

Printed Name

Social Security Number

Date of Birth

Drivers License Number

State