



# Career Application

## Southwest Adams County Fire Protection District #2

Internal use only
Application Number: _____
Date Received _____
Received By: _____

Position applying for: \_\_\_\_\_

Present Address: \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Other number: \_\_\_\_\_

SSN \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Number \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Number \_\_\_\_\_

MIDDLE

FIRST

LAST

FULL LEGAL NAME: \_\_\_\_\_

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications to serve as a career firefighter. This is not intended to be an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview process or on this form, are grounds for terminating the application process, or if discovered after career employment has started, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, ancestry, religion, or the presence of any disability. Additional testing of job-related skills may be required.

**APPLICANT INSTRUCTIONS:** A well prepared application is important. Read the entire application before answering any questions. Answer each question using *not applicable* if appropriate. **DO NOT LEAVE ANY BLANKS.** Evaluation of your qualifications will be based, in large part, on the information you provide herein. **Incomplete or late applications (if there is a deadline) will not be processed.** \_\_\_\_\_

1. Application must be printed in blue or black ink, or typed. Fill in all blanks completely and accurately.
2. Please explain any period of unemployment exceeding 90 days.
3. Notices of examinations and results may be provided through the address and telephone number you provide. It is your responsibility to notify the Human Resource Office of any change of address or phone number.

**EDUCATION:** Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+  
 If your school records are under a different name than listed on the application,  
 please enter that name here. \_\_\_\_\_

NAME	CITY/STATE	GRADUATION DATE	DEGREE
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			
FIRE ACADEMY			NUMBER OF HOURS COMPLETED
GED CERTIFICATE NUMBER		PASSED DATE	
OTHER			

CERTIFICATIONS	CERTIFICATE#	EXPIRATION DATE	OTHER INFO
FIREFIGHTER I			
FIREFIGHTER II			
DRIVER OPERATOR			
OFFICER I			
OFFICER II			
OFFICER III			
HAZ-MAT OPERATIONS			
HAZ-MAT TECHNICIAN			
COLORADO EMT-B			
COLORADO EMT-P			
BLS-CPR			
ACLS			
PALS			
ATLS			
BTLS			
OTHER			

2. **MILITARY SERVICE:** Have you been active (other than reserve?) Yes  No   
 If yes, Branch: \_\_\_\_\_ Date of Duty: From \_\_\_\_\_ to \_\_\_\_\_

3. **PREVIOUS RESIDENCE:** (If not at least seven years at current address)

ADDRESS	CITY & STATE	MONTH/YEAR

4. **REFERENCES:** (NOT EMPLOYERS OR RELATIVES – At least three)

NAME	ADDRESS	OCCUPATION	PHONE

5. **ADDITIONAL INFORMATION:**

A. Provide your driver's license number and state where issued: \_\_\_\_\_  
 If you do not have a current drivers license, give reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Do you have a current commercial drivers license? \_\_\_\_\_

C. List all traffic violations with dates and locations for the past five years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of or pled guilty to an offense against the law or are you now under charges for any offense against the law? \*\* (Include military service; omit minor traffic violations or offenses adjudicated in juvenile court.) If so, describe the offense briefly and give the date, location, and disposition of the charge.

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Have you ever been convicted of or pled guilty to a felony? \*\* \_\_\_\_\_ If so , when, what for, where, and what was the disposition of the charge? \_\_\_\_\_

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\*\* NOTE: Conviction itself does not constitute an automatic bar of employment. All pertinent factors will be considered.

Have you ever been terminated from employment or resigned from employment involuntarily? If yes, explain. \_\_\_\_\_

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Are you now or have you been a member with a volunteer or career fire department? \_\_\_\_\_ If yes , please list name of organization, address and date of membership:

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Why do you want to work for Southwest Adams County Fire Protection District #2?

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Explain why you want to apply for the position of Career- Firefighter/EMT, or Firefighter/Medic.

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## EMPLOYMENT HISTORY

List present employer or most recent employer first ( use other side of this application if necessary).  
 May we contact these employers?  Yes  No

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ _____	Employed: From: _____ Mo./Yr. To: _____ Mo./Yr.	Supervisor's Name: _____ _____ Your Job Title: _____ _____
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Your Salary: _____ Start: _____ End: _____	Duties: _____ _____ _____
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Reason for leaving: \_\_\_\_\_

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ _____	Employed: From: _____ Mo./Yr. To: _____ Mo./Yr.	Supervisor's Name: _____ _____ Your Job Title: _____ _____
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**BEFORE SIGNING: Please check application for errors and/or omissions and read the following carefully. Sign only the statement that applies to the position in which you are applying for.**

### **CAREER EMPLOYMENT**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the District or myself.

In consideration for my employment by the district, I agree to comply with the rules and regulations of the District set forth in the Policy and Procedure Manual. I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the District at any time, at the District's sole option and without any prior notices to me.

I understand that it is my responsibility to keep the Southwest Adams County Fire Protection District #2 informed of changes in my application, including address, phone number, employment availability, etc. I further understand that failure to keep any scheduled appointment without proper notice (Including tardiness) shall be considered just cause for disqualification. Should I desire to be reconsidered, it will require a new application to be filed during the next application period.

I also understand that depending on the District policy and the needs of the job, after an offer of employment and prior to reporting to work, I may be required to submit to a drug test, medical and psychological review by a medical professional designated by the district, and the Southwest Adams County Fire Protection District #2 has the right to obtain these results.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

DATE APPLICATION RECEIVED BY THE DISTRICT \_\_\_\_\_

SIGNATURE OF THE DISTRICT REPRESENTATIVE \_\_\_\_\_

*Southwest Adams County Fire Protection District #2 is a Equal Opportunity Employer*

**Southwest Adams County Fire Protection District**  
*3365 w 65<sup>th</sup> Avenue*  
*Denver, Co. 80221*  
Application for  
**Firefighter/EMT-B Firefighter/Paramedic**

Our mission is to protect lives and save property; provide public education and public relations; strive to high standards for the best possible service for the funding available; provide EMS; and improve public image via equipment and buildings; interface well with other agencies; and provide for future planning.

The Southwest Adams County Fire Department provides fire protection and emergency medical service for 10 square miles of unincorporated Adams County, serving a population of approximately 50,000 residents.

Thank you for your interest in Southwest Adams County Fire Rescue. The Southwest Adams County Fire Department is an Equal Opportunity Employer and is committed to evaluating each candidate on a discrimination free basis. Applicants whose application packet is incomplete will not be processed and will not receive a rejection letter.

This is your application packet. When complete please drop off printed application and the requested documentation to the address above. You may keep pages A, B, & G.

**PLEASE READ THE ENTIRE PACKET OF INFORMATION BEFORE SUBMITTING THE APPLICATION.**  
**PLEASE SUBMIT ALL REQUIRED DOCUMENTS.**

**APPLICATION AND DOCUMENTATION REQUIREMENTS:**

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Application filled out completely with signatures where required.  
You must be at least 21 years of age at time of application.  
Copy of high school diploma, G.E.D. certificate, or college degree.  
Proof of volunteer experience (if applicable).  
Proof of work authorization in the United States (if applicable).  
Military discharge DD-214 form (if applicable).  
Applicant must possess a valid Colorado State drivers license.  
Applicant must maintain current Colorado motor vehicle insurance.

The following is **REQUIRED**.

Copy of Colorado state certificate firefighter I or II  
Copy of Colorado state certificate EMT (Paramedic if applicable).  
Copy of BLS-CPR certification.  
Copy of ACLS certificate (Medic only).  
Copy of Haz-Mat Operations certificate (Candidate will have one year after hire date to obtain certification).

The application process for the Southwest Adams County Fire Protection District consists of the following steps not necessarily in order to be considered for the position of Firefighter/EMT, or Firefighter/Paramedic.

Meet minimum qualifications to apply.  
Pass a physical fitness/agility test or provide documentation of current CPAT.  
Pass an oral board interview.  
Undergo a thorough background investigation.  
Pass a medical examination and drug screen.  
Pass a personal assessment test.  
Pass a Chief's interview  
Pass a practical skills test for EMT or Paramedic.

**APPLICANT IS RESPONSIBLE FOR PROVIDING COPIES OF REQUIRED DOCUMENTATION. ALL COPIES SUBMITTED ARE PART OF YOUR APPLICATION AND WILL NOT BE RETURNED TO YOU.**

# Southwest Adams County Fire Department

## Career Firefighter Benefit Package

**Starting Salary** - FF/ EMT \$40,000

**Retirement** - District contributes 15% of employee salary into money purchase pension fund.  
- In addition the employee may also elect to contribute funds into an optional 457 retirement plan not funded by the district.

**Insurance** - Health – (Kaiser) Employee pays 20%, District pays 80%  
Vision – (Eye Med) Employee pays 20%, District pays 80%  
Routine and Medical coverage.  
Dental – (Met. Life) District pays 100% (No orthodontics)  
Life - \$35,000 coverage. District pays 100%  
Death and Disability - \$35,000 coverage. District pays 100%  
Disability – District pays 100%  
Long term disability – 60% salary coverage after 90 days of missing work.  
Short term disability – 60% salary coverage after 8 days, after using all sick time accrued.  
F.P.P.A Line of Duty death and disability is a state mandated insurance that is not funded by the District. \$250,000 policy - Employee pays the premium.  
The employee may also add additional insurance policies available through Police and Fireman’s Ins. Assoc.

**Vacation**- 3 - 24hr shifts 1 – 4 years of service.  
6 - 24hr shifts 5 – 10 years of service.  
9 - 24hr shifts 11 – 14 years of service  
12 – 24hr shifts 15+ years of service.

**Sick time** - 8 hours accrual per month.

**Shift work** - Firefighters work 24hr shifts, 7am - 7am. Modified Kelly schedule.  
Example: On, Off, On, Off, On, Off, Off, Off, Off, then the schedule repeats.

**Uniforms** - \$450 per calendar year paid by the District.

**Payroll** - Direct deposit to the employee's bank on the 15<sup>th</sup> and 30<sup>th</sup> of each month.

# Southwest Adams County Fire Rescue

## Physical Agility Release

Note: This page is not needed if you have a current CPAT test.

Date: \_\_\_\_\_

I, hereby certify that \_\_\_\_\_ has undergone a medical examination and is free of any known physical condition which would preclude applicant from participating in a physical agility test for the Southwest Adams County Fire Protection District. Must be signed within 6 months of the agility test.

Physician Signature \_\_\_\_\_

Physician Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SOUTHWEST ADAMS COUNTY  
FIRE PROTECTION DISTRICT#2**

**RELEASE AND WAIVER**  
**PLEASE HAVE THIS FORM NOTARIZED**

In consideration of the opportunity to participate voluntarily in the Southwest Adams County Fire Protection District #2 employment program, administered by the District, and in recognition of the possible physical and other consequences to me which may result from my participation in the tests and other procedures which are a part of the selection program, I hereby knowingly, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of my participation in such employment program; and I do hereby release and forever discharge the Southwest Adams County Fire Protection District #2 and all of its agents, officers, servants and employees from any and all claims, demands and causes of action out of or related to any loss, damage or injury to my property or me, including death, that may occur from any cause including but not limited to only negligence of the foregoing, related to my participation in such.

**CONSENT TO RELEASE INFORMATION**

The undersigned, being an applicant for a position for the Southwest Adams County Fire Protection District #2, does hereby consent to the release by each agency, entity and individual provided a copy of this executed form of any and all moral, educational, physical, business, financial, mental and work performance information pertaining to the undersigned to the District office of Southwest Adams County Fire Protection District. The applicant does further consent that all agencies, businesses or individuals contacted are hereby released from any and all responsibility or liability to the applicant by reason of furnishing said information to the District office of the Southwest Adams County Fire Protection District. The undersigned does also consent to the release of test scores and sharing of information from the hiring committee, oral boards, physical agility or other testing to any and all of the participating agencies of the Southwest Adams County Fire Protection District #2.

A duplicate of this fully extended document may be relied upon in the same manner and to the same extent as the original hereof.

I am over 21 years of age and of sound mind. I HAVE READ THE FOREGOING, I UNDERSTAND IT, AND AM SIGNING THIS DOCUMENT VOLUNTARILY.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_

(Name of applicant-Please Print)

**Witness my hand and official seal.**

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**NOTICE OF BACKGROUND CHECK AND CONSUMER REPORT  
AND AUTHORIZATION/CONSENT FOR RELEASE OF INFORMATION**

The purposes of this document is to notify you that the Southwest Adams County Fire Protection District #2 (“District”), or an agent acting on the District's behalf, will be conducting a background check, and a consumer report\* will be generated, in connection with your application for employment with the District, or membership in the District's Volunteer Program, to obtain your voluntary authorization and consent to, and release of liability for, such actions.

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Last Name	First Name	Middle Name
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Please print any other names you have used

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Home Address

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City	State	Zip Code
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Social Security Number	date of birth	Age
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Driver's License Number	State Issuing	Name as it appears on license
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I understand that in connection with the application process, the District, or its agent, may request information about me from any individual or entity (regardless of its legal form) who may have any knowledge or information about me, including all corporations, partnerships or other forms of business entities, whether for profit or not-for-profit; former employers and/or volunteer organizations; credit agencies; educational institutions; law enforcement agencies; the state, its agencies or any political subdivision; the department of motor vehicles; city, county, state and federal courts; military services; and, any person.

I have provided complete and truthful information to the District regarding all sources of information about my past, including my prior employment, volunteer service, education, licensure/certifications, driving record, criminal conviction record, and personal references, as well as any information requested in the employment/volunteer membership application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment or volunteer membership, or immediate discharge. In order to assist the District, or its agent, in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the District regarding my previous employment/volunteerism, and authorize all past employers and/or volunteer organizations, or their agents, to respond to the District's, or its agent's, verbal or written inquiries regarding my employment/volunteer record, including, but not limited to, positions held, dates of employment or volunteerism, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonestly, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational institutions, vocational institutions, state agencies, or volunteer organizations I have attended or in which I have participated, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees, licenses, or certificates conferred.

3. I authorize and consent to the District or its agent contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District's, or its agent's, background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the District or its agent verifying the Social Security number I have provided upon my employment/volunteer membership with the District.

5. I authorize and consent to the District's, or its agent's, thorough investigation of whether I have a record of criminal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District's criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment/volunteer membership.

6. I hereby release and hold harmless the District, its current and past directors, officers, employees, volunteers and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization/Consent for Release of Information ("Release") and/or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, outrageous conduct, discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application for employment/volunteer membership and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District, or its agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.

7. I have carefully read this Release and voluntarily agree to its terms in order to assist the District in evaluating my qualifications for employment/volunteer membership.

8. I understand that any questions regarding this Release should be directed to Fire Chief George Ditolla, Southwest Adams County Fire Protection District, 3365 West 65th Avenue, Denver, CO 80221; (303) 429-3597.

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Signature

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Today's Date

**\* For purposes of this Notice, "consumer report" means a report used to determine an individual's eligibility for employment/volunteer membership, promotion, re-assignment and periodic background checks.**

# Southwest Adams County Fire Agility Test

*A short video of the test will be shown prior to taking the test. Also, the candidates will be shown the individual stations on the testing ground.*

Candidates shall climb an Aerial Ladder positioned at 70 degrees and 70 feet. Candidates will be given 5:00 minutes to complete the Ladder Climb. This portion will be completed prior to donning the SCBA and starting the stair climb (time does not count towards remainder of test).

PPE to be worn for test: District issued - Bunker Coat, Fire Gloves, Fire Helmet, and SCBA which must be secured for the entire test. No mask or air is required.

- 1) Stair Climb – Carry a high-rise pack to the fourth floor and deposit in the designated box. {Time starts when you touch the High Rise Pack}. Must touch each stair on the way up and down.
- 2) Hose Hoist – Hand over hand, pull via rope a fifty-foot section of 2.5” hose wrapped in a donut roll to the fourth floor and deposit in designated box. Feet must remain on the floor and within the designated area.
- 3) Ventilation Simulator- Using a nine pound sledge hammer, drive the sled a distance of 5 feet using a controlled swing. Hammer is not allowed to be raised above the head. Hammer head cannot drag or pull the sled.
- 4) Cone obstacle course – Weave your way through a 3 cone serpentine between the ventilation simulator and the hose advance.
- 5) Hose Advance – Take a charged 1-3/4” line and pull it a distance of 100 feet and spray water on the outlined target.
- 6) Victim Rescue – Drag a 165-pound rescue manikin a distance of 100 feet. After both the candidate and the manikin have crossed the designated line, time will stop.

Test must be completed in 10:00 minutes.

**\*\*Running is not permitted.**

***This agility test can be changed at any time by the District, Chief, or the Hiring Committee. Testing may also change depending on location.***