



HYGIENE FIRE PROTECTION DISTRICT
VOLUNTEER APPLICATION
PO BOX 83, 7523 Hygiene Road Hygiene, CO
80533 Ph: 303-776-2950, Fax: 303-776-2950



The Hygiene Fire Protection District (HFPD) is an equal opportunity employer. It is policy of HFPD not to discriminate in accordance with the requirements of applicable state and federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, or marital status.

Personal Information

Name: _____
Last First Middle

SSN #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Alternate Phone #: _____

Email: _____

Emergency Contact: _____

Phone #: _____ Relationship: _____

Are you permitted to work in the United States of America?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you 18 years old or older?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Position Applied For
See Website For Job Description

Shift Volunteer Firefighter	
Volunteer Firefighter	
Wildland Team Member	
Auxiliary Member	
Lateral Firefighter	

Date you can start?: _____

Have you applied to HFPD before?: Yes No

If Yes what position?: _____

Were you referred to HFPD?: Yes No

If yes by whom?: _____

Education

Name of High School: _____

City: _____ State: _____

Did you graduate? Yes No

Name of College : _____

City: _____ State: _____

Did you graduate? Yes No

Degree: _____

Other Education : _____

City: _____ State: _____

Did you graduate? Yes No

Degree/ Certificate Obtained: _____

Other Education : _____

City: _____ State: _____

Did you graduate? Yes No

Degree/ Certificate Obtained: _____

Certifications

Firefighting			
	Certification Number	Expiration	State
Firefighter I			
Firefighter II			
HAZMAT Operations			
HAZMAT Technician			
Driver/Operator			
Driver/Pumper			
Fire Instructor I			
Fire Officer I			
Fire Officer II			
Fire Officer III			

EMS			
	Certification Number	Expiration	State
State EMT			
NREMT-B			
State Paramedic			
NREMT-P			
Intravenous Access			
CPR			
ACLS			

Other Certifications Not Listed
 *Please list other certifications(NWCG, NIMS, Inspector, Investigator, etc.)
 not listed above separated by commas*

Work History
Last Three Employers Most Current First

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Supervisor Name: _____

Supervisor Phone #: _____

Reason for Leaving: _____

May We Contact (If "No" Please Explain on Seperate Sheet): YES NO

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Supervisor Name: _____

Supervisor Phone #: _____

Reason for Leaving: _____

May We Contact (If "No" Please Explain on Seperate Sheet): YES NO

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Supervisor Name: _____

Supervisor Phone #: _____

Reason for Leaving: _____

May We Contact (If "No" Please Explain on Seperate Sheet): YES NO

References
List Below The Names of Three Persons Not Related tTo You Whom You Have Known At Least One Year

Name: _____
Last *First*

Phone#: _____ Relationship: _____ Years Known: _____

Name: _____
Last *First*

Phone#: _____ Relationship: _____ Years Known: _____

Name: _____
Last *First*

Phone#: _____ Relationship: _____ Years Known: _____

Special Questions

Are you able to perform each of the primary duties and responsibilities for the position you're applying to with or without and accommodation? YES NO

If you can perform the primary duties and responsibilities for the position with accommodations please explain on a separate sheet (If applicable)

Have you ever been convicted of a felony or misdemeanor?: YES NO

Have you ever been convicted of any motor vehicle related offenses?: YES NO

Have you ever had your license suspended?: YES NO

If yes please explain on a separate sheet You will not be denied employment solely because of conviction unless the offense is related to the position applied for.*

I understand and agree that I may be required to take one or more physical examination(s). I agree to consent to take such test(s) at such time as designated by HFPD and to release HFPD and its directors, officers and employees from any claim arising in connection with the use of such examination.

YES NO

Authorization

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE ORGANIZATION’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE ORGANIZATION’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE ORGANIZATION. I UNDERSTAND THAT NO ORGANIZATION REPRESENTATIVE OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature: _____ Date: _____

For Office Use Only

	Officer Initials	Date
Completed Application		
Copy of Driver's License		
Driving History Background Check		
Criminal History Background Check		
Copy of Relevant Certifications		
Other:		
Other:		
Other:		

Chiefs Signed Approval: _____ Date: _____