



**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:	No:
Are you 18 years old or older?	Yes:	No:

Position Applied For *See Website For Job Description*	
Shift Volunteer Firefighter	
Volunteer Firefighter	
Wildland Team Member	
Auxiliary Member	
Student Intern *Contact Assistant Chief Benzel For Additional Documents*	

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?: \_\_\_\_\_

<b>Education</b>
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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
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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\*

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**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: \_\_\_\_\_