

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

GENERAL

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

EDUCATION

List Name and Address of Schools		Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held.
(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission 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 any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

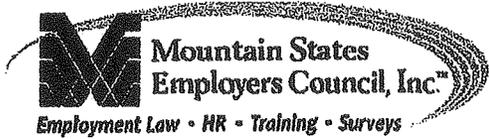
I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. 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 REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.
Ask the organization's representative for details.



VERIFICATION ORDER FORM

Print Clearly

Member Name Wellington Fire Protection District		Member # 254923
Member Mailing Address City/State/Zip	PO Box 10 Wellington, CO 80549	
Attention <i>Letitia Betchel</i>	E-mail address <i>wfpd @wfpd.org</i>	
Phone 970.568.3232	Fax 970.568.0542	Date sent to MSEC xx/xx/xx
Please Check Report Delivery Preference: <input type="checkbox"/> email <input type="checkbox"/> call <input type="checkbox"/> fax <input type="checkbox"/> mail		

P.O. Box 539
Denver, Colorado 80201-0539
Telephone 303.839.5177
Toll Free 800.884.1328

Pre-Employment Screening is a "for fee" service of MSEC provided through Employers Council Services, a wholly owned subsidiary of MSEC.

Note: To submit order on-line contact lkinter@msec.org for a user id & password. Complete & Fax to 303 861 5738 or Email to lkinter@msec.org or submit on-line at <https://msec.instascreen.net>

Search can be done using current and other name(s) previously used, such as maiden names, aliases and nicknames. First: _____ Middle: _____ Last: _____ Previous Alias: _____	Date of Birth _____ Social Security Number _____ Telephone _____
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Applicants Current Address
City/State/Zip

Job Applied For

Drivers License Number	State Driver's License Issued	Type
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Attached with this request: Disclosure & Authorization Application Other:

Please check boxes for requested screenings:

*** Birthdate & SSN needed to confirm identity**

A <input type="checkbox"/> Seven year Statewide County Colorado Criminal* <i>Includes Felony & Misdemeanor Records in All CO Counties</i>	G	<input type="checkbox"/> Education Verification* List Institution / City / State _____ Degree / Date _____
B <input type="checkbox"/> Seven year Statewide County Criminal Outside Colorado * Not Available in all States List state _____		H <input type="checkbox"/> Motor Vehicle* State _____ Lic. # _____
C <input type="checkbox"/> Seven year Other State Criminal - search is done on an individual COUNTY basis outside Colorado* List city & state _____		I <input type="checkbox"/> Professional References <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D <input type="checkbox"/> Seven Year Federal Criminal* List state _____		J <input type="checkbox"/> Personal References <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
E <input type="checkbox"/> Employment Verification* Contact Current Employer? _____		K <input type="checkbox"/> Other
F <input type="checkbox"/> Trak Report* <input type="checkbox"/> EXPANDED Trak Report*		

Incomplete information may result in a report delay.

Orders received after three p.m. will be treated as next day business.

- Please Check Box for Employment Drug and Alcohol Testing Information
- Please Check Box for Pre-Employment Skills Testing & Behavioral Assessment Information

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE

As an applicant for employment or a current employee of **Wellington Fire Protection District** you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, **Wellington Fire Protection District** 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 for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

Our *consumer reporting agency* is Mountain States Employers Council, Inc. at PO Box 539, Denver, CO 80201, toll free 800.884.1328, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as **Wellington Fire Protection District**.

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 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 **Wellington Fire Protection District**, 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 at **Wellington Fire Protection District**. 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 **Wellington Fire Protection District**. I understand that if I am employed by **Wellington Fire Protection District**, this authorization shall remain in effect throughout my employment. This report may be delivered in either written or electronic form.

Signature

Date

Printed Name

Social Security Number

Date of Birth

California, Maine, Minnesota, & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. **Address:** _____

New York Resident Applicants Only: I acknowledge receipt of a copy of the Article 23-A of New York Correction Law.

WELLINGTON FIRE PROTECTION DISTRICT

Affidavit, Consent and Release

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete.

I understand that any false information or omission 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 any or all statements contained in this application.

I also authorize, whether listed or not, any person, school, current employer, 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre- and/or post-employment physical examination.

I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE BOARD OF THE DIRECTORS OF THE WELLINGTON FIRE PROTECTION DISTRICT HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. 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 REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature

Date

WELLINGTON FIRE PROTECTION DISTRICT

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ hereby authorize and consent for the Wellington Fire Protection District to conduct a complete background check in connection with my application for employment. This investigation includes, but is not limited to:

A. Previous employment history and personnel evaluations.

B. Information from law enforcement agencies pertaining to criminal activities, charges, or complaints. Includes NCIC/CCIC criminal history checks.

C. Character references, which references are not limited to those identified by me in my application for employment.

D. Driving history record with the Colorado Division of Motor Vehicles, as well as other states listed in the application.

E. Medical, Physical and Psychological Examinations.

I hereby release the District from any and all liability for any claims or damages arising out of its investigation as outlined above or from the District's use of the information provided. I understand the District is a drug and alcohol free workplace. As a result, every candidate who has been offered a fulltime position will be required to take and pass a pre-employment substance abuse test. I understand that if I do not agree to execute this agreement, I will not be considered a candidate for a position with the District, and that any misrepresentation of applicant information contained in the application package will preclude me from consideration for any position with the District and/or provide the basis for subsequent termination.

Applicant's Name (please print): _____

Date: _____ Alias/Maiden Name/Nickname: _____

Applicant's Signature: _____

Street Address: _____

City / Town: _____ State: _____ Zip Code: _____

Current Telephone Number: _____ Email: _____