



**Berthoud Fire Protection District Application for Employment**

**THIS EMPLOYMENT APPLICATION FORM MUST BE COMPLETED IN ITS ENTIRETY**

**Position applying for:** Career \_\_\_\_\_ Reserve \_\_\_\_\_ Wildland Seasonal \_\_\_\_\_ Part Time \_\_\_\_\_  
**(Please Check One of the above)**

Name: Last	First	Middle	Social Security No.
Address (Street, City, State, Zip)			(H) Phone: (C) Phone: Email:
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/>	What language? _____	Date available:

Do you possess a valid driver's License? Yes  No

If yes, give number, expiration date and state of issue:

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever applied to BFPD before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever worked for BFPD before? Yes  No  If yes, when? \_\_\_\_\_

**EDUCATION** (Please **circle** highest level of education attained: 11 12 13 14 15 16 17 18+ )

	Name and Location	Semester/Qtr. Hours Credit	Date Graduated	Degree Attained
High School/ GED				
College				
Graduate				
Other				



<b>EMPLOYMENT EXPERIENCE</b> (List last five years of employers with most recent first)	
Employed by:	Job Title:
City & State	Duties:
Supervisor:	Phone No.
Date Started:	Date Left:
Reason for leaving or considering a change:	

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City & State	Duties:
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Employed by:	Job Title:
City & State	Duties:
Supervisor:	Phone No.
Date Started:	Date Left:
Reason for leaving or considering a change:	

(List additional **relevant** experience from the past five years on a separate sheet of paper)

**Please read the following statement carefully. Sign only after the entire application has been considered.**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that an omission or falsification of information in this application or other documents submitted in support of this application may result in rejection of this application, removal from an eligibility list, or dismissal from employment. I agree that all statements made in this application (except contacts with my present employer, unless otherwise authorized) may be investigated prior to and/or during my employment.

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Applicant Signature

Date

**REFERENCES:**

Professional \_\_\_\_\_ Personal \_\_\_\_\_

Name: \_\_\_\_\_ Company Name \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Professional \_\_\_\_\_ Personal \_\_\_\_\_

Name: \_\_\_\_\_ Company Name \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Professional \_\_\_\_\_ Personal \_\_\_\_\_

Name: \_\_\_\_\_ Company Name \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**IMPORTANT: By completing and submitting this application it does not represent a contract and is not meant to be enforceable, and should not be relied upon as binding, inflexible promises of a job offer made by the District.**

## ***APPLICANT MINIMUM STANDARD GUIDE***

An Applicant will not be given further consideration for employment with the Berthoud Fire Protection District if any of the following exists:

### **CRIMINAL HISTORY**

- A. Felony Conviction
- B. Class I/II misdemeanor conviction in the last ten (10) years
- C. Class III misdemeanor conviction in the last five (5) years

### **DRIVING HISTORY**

- A. Class A Violations:
  - 1. Any alcohol or drug related traffic offense in the last three (3) years.
  - 2. Any action against the status of a driver's license in the last three (3) years, ie. , Suspension, revocation, etc.
  - 3. Operating a motor vehicle while the license is under suspension, revocation, etc.
  - 4. Using a motor vehicle in the commission of a felony.
  - 5. Vehicular/negligent homicide or vehicular assault.
  - 6. Operating a motor vehicle without the permission of the owner.
  - 7. An offense of reckless driving in the last three (3) years.
  - 8. Leaving the scene of an accident.
  - 9. Permitting an unlicensed driver to operate a motor vehicle.
- B. Class B Violations
  - 1. An offense of no insurance in the last two (2) years.
  - 2. All moving violations not listed as a Type A violation.

The Berthoud Fire Protection District reserves the right to determine a passing status, where the driver's driving history has exhibited a lack of responsibility or disregard for the law.

DEPARTMENT OF MOTOR VEHICLES TRANSCRIPTS  
EVALUATION REQUIREMENTS

Class "A" Violation

An individual who has a Class "A" violation within the past three (3) years normally receives a license suspension from the Department of Motor Vehicles, which issues the license. The position of our insurance carrier with individuals convicted of a Class "A" violation will be suspended from driving our insured vehicles for a period of 18 months.

VIOLATIONS

Designation of Type A and Type B violations are based on a survey of state point systems. Violations receiving higher numbers of points are classed as Type A.

Type A Violations

1. Driving while intoxicated.
2. Driving under the influence of drugs.
3. Negligent homicide arising out of the use of a motor vehicle (gross negligence).
4. Operating during a period of suspensions or revocation.
5. Using a motor vehicle for the commissions of a felony.
6. Aggravated assault with a motor vehicle.
7. Operating a motor vehicle without owners' authority.
8. Permitting an unlicensed person to drive.
9. Reckless driving.
10. Hit and run driving.

Type B Violations

All moving violations not listed as Type A violations. (Exceeding posted speed limit is a Type B violation.)

**BERTHOUD FIRE PROTECTION DISTRICT**

**ACKNOWLEDGEMENT, RELEASE, AND WAIVER**

**Physical Agility Testing Release Form**

The undersigned Applicant hereby acknowledges that Applicant will be participating in a physically demanding and strenuous Physical Agility Examination (herein, "Examination") in conjunction with Applicant's application for a position with the Berthoud Fire Protection District's fire department.

Applicant affirmatively represents to the District that, to the Applicant's best knowledge and belief, Applicant is in good medical and physical condition and is free from any physical condition, ailment, illness or injury (specifically including heart condition, disease or defect, elevated blood pressure, respiratory or circulatory problems) which could result in injury or death to Applicant because of the participation in the Examination.

Applicant acknowledges that while participating in the Examination, Applicant is not covered by District's insurance policies and that Applicant is responsible for, and assumes all of the risks of, a physical injury, illness or disability.

**Applicant** (for him/herself and on behalf of Applicant's estate and heirs, assigns, and insurers) hereby **releases District**, its Fire Department (and their respective officials, officers, employees, agents, and specifically the Examination examiners) **from, and hereby waives, any and all claims and demands** (either direct or indirect or arising due to subrogation) for bodily injury, illness, or death **which may arise from Applicant's participation in the Examination.**

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature