



**BYERS FIRE PROTECTION DISTRICT NO. 9  
APPLICATION FOR EMPLOYMENT AND/OR MEMBERSHIP**

**Personal Information**

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Do you have any other names you have been referred to such as, maiden names, names used in online social networking sites, blogs, online gaming; If so please list: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**Employment History**

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current supervisor? [ ] Yes [ ] No

Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact your supervisor? [ ] Yes [ ] No

**Driving History (Please include a copy of your driver's license)**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you had any moving violations: [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your license ever been suspended or revoked: [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Legal**

Have you ever pled guilty, pled no contest too, or been convicted or, a misdemeanor: [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever pled guilty, pled no contest too, or been convicted or, a felony: [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Training & Certifications (Include copies of your Certificates)**

	Expiration Date		Expiration Date
_____ Firefighter One	_____	_____ CPR	_____
_____ Firefighter Two	_____	_____ First Responder	_____
_____ Hazmat Awareness	_____	_____ NREMT-B	_____
_____ Hazmat Operations	_____	_____ EMT-B (CO)	_____
_____ ICS 100, 200, 700	_____	_____ NREMT-P	_____
		_____ EMT-I (CO)	_____
		_____ IV	_____

**Other Firefighting and EMS Related Experience, Training and Certifications**

Certificate	Agency/School	Certification Number	Expiration Date
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\_\_\_\_\_

Previous Fire or EMS Departments to which you have belonged

Dates	Department Name	Contact Name	Phone Number
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\_\_\_\_\_

## References

Please provide two references who the District may contact who are not related to you

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

## **APPLICANTS STATEMENT AND AUTHORIZATION TO CONDUCT AND OBTAIN EMPLOYER'S CRIMINAL BACKGROUND HISTORY AND DRIVING RECORDS- PLEASE READ CAREFULLY**

I certify that all of the information and answers provided by me in this application is/are true and complete to the best of my knowledge. I understand that the information contained herein may be used to determine my eligibility and suitability as a volunteer or employee with the Byers Fire Protection District, and that if I provided false or misleading information or if I concealed information or caused or authorized anyone else to provide false or misleading information or to conceal information in connection with my Application, that it will be grounds for denial of my application or termination of my membership or employment as the case may be.

I give permission for the Fire Chief or his designee to investigate and verify all of the information given by me in this Application. I release any person from any liability in connection therewith.

I authorize the District to receive a copy of my driver's license which is attached and to obtain a copy of my driver's record. I consent to a criminal background check and will provide my social security number for that purpose but for no other purpose.

I understand that neither this Application nor any offer of membership or employment from the District constitutes an employment contract unless a specific document to that effect is executed by the District's Board of Directors as authorized at an official Board Meeting.

I also understand that I am required to and will abide by all of the District's rules, Standard Operating Procedures, policies and orders of the District and its Officers.

Print Name: \_\_\_\_\_

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