

WELLINGTON FIRE PROTECTION DISTRICT

Employment Application



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 are given equal opportunity and that selection decisions be based on job-related factors.

Applicant Information: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use a 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.

Last Name	First			M.I.	Date		
Street Address				Apartment/Unit #			
City	State		ZIP				
Phone	Email Address						
Position Applied for							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
If employed, do you expect to be engaged in any additional business or employment outside of your job?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give details							
For driving jobs only : Do you have a valid driver's license?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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.)							
<hr/> <hr/> <hr/>							

Education							
High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
<hr/>							

References

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

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.

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 WITHOR 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.

Applicants Name (Please Print): _____

Date: _____ Alias/Maiden Name/Nickname: _____

Applicant's Signature: _____

Street Address: _____

City/Town: _____ State: _____ ZIP code: _____

Current Phone Number: _____ Email: _____

VERIFICATION ORDER FORM

Date sent to Employers Council xx/xx/xx

Print Clearly

Member Name Wellington Fire Protection District		Member # 254923
Attention Michael Patterson	E-mail address mpatterson@wfpd.org	Phone 970-568-3232

Complete & Fax to 303-861-5738 or Email to zahern@EmployersCouncil.org or submit on-line at <https://EmployersCouncil.instascreen.net>

Note: To submit order on-line contact zahern@EmployersCouncil.org for a user id & password.

Search can be done using current and other name(s) previously used, such as maiden names and aliases used <u>WITHIN THE LAST 7 YEARS</u>.		Date of Birth
Current Full Name:		Social Security Number
Previous Alias Used:		Telephone
Applicant's Current Address		
City/State/Zip		
Email Address	Driver's License Number	

Please check boxes for requested screenings:

*Birthdate & SSN needed to confirm identity

A	<input type="checkbox"/> Statewide COUNTY Court Criminal* 7 year search Includes Felony & Misdemeanor Records List state(s) - Not Available in all States-See Price List	G	<input type="checkbox"/> Education Verification* List Institution / City / State Degree / Date
B	<input type="checkbox"/> County Court Criminal* 7 year search Searched on an INDIVIDUAL County Court basis List city & state	H	<input type="checkbox"/> Motor Vehicle* State _____ Lic. # _____
C	<input type="checkbox"/> Statewide FEDERAL Court Criminal* 7 year search List state - NATIONAL Federal Court also available	I	<input type="checkbox"/> Professional References <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D	<input type="checkbox"/> Employment Verification* Contact Current Employer? _____	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"/> Trak Report-Person Search* <input type="checkbox"/> EXPANDED Trak Report*	K	<input type="checkbox"/> Other / Drug & Alcohol
F	<input type="checkbox"/> National Sex Offender Registry* <input type="checkbox"/> Global Security Watch List*	<input type="checkbox"/> Please Check Box for Employment Drug and Alcohol Testing Information <input type="checkbox"/> Please Check Box for Pre-Employment Skills Testing & Behavioral Assessment Information	

WELLINGTON FIRE PROTECTION DISTRICT

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

FAIR CREDIT REPORTING ACT

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

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 Employers Council, 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 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 REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents.

Wellington Fire Protection District . ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"), Employers Council, PO Box 539, Denver, CO 80201, toll free 800-884-1328.

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.

Applicants Signature:	_____	Date:	_____
Printed Name:	_____		
Social Security Number:	_____	Date of Birth:	_____

WELLINGTON FIRE PROTECTION DISTRICT

NOTICE OF STATES RIGHTS

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Massachusetts, and New Jersey applicants or employees only:

You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota applicants or employees only:

You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later. Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of any report if one is obtained by the Company.

Pennsylvania applicants or employees only:

By signing below you acknowledge that consideration of a criminal record will be tailored to the requirements of the job.

Washington applicants or employees only:

You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Applicants Signature: _____ Date: _____