

WELLINGTON FIRE PROTECTION DISTRICT

8130 3RD ST., P.O. BOX 10
WELLINGTON, CO 80549
(970) 568-3232



protecting lives and property

Volunteer Position Applying For: _____ Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Phone #'s: (H) _____ (W) : _____ (C): _____

Are you 18 years of age or older? Yes ___ No ___

Are you a U.S. Citizen or an alien authorized to work in the United States? Yes___ No___

You are responsible for providing a copy of your current drivers license check. The Fire District will be conducting a Criminal Background check and Drug Screen on all applicants. Your Signature on the District's Background Authorization Form is required.

Have you had Fire and/or Rescue service experience? Yes___ No___

Name of Organization: _____

Address of Organization: _____

Phone #: _____ Contact Person: _____

Dates Served: _____ At the time of your departure, what were your general responsibilities?

What Skills, qualifications and/or certifications do you posses?

Education:	School	Course	Did you graduate?	Year
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Experience: (List the last two (2) companies you worked for)

Name of Company: _____

Address of Company: _____

Phone #: _____ Supervisor: _____

Dates Employed: From _____ To _____ Reason for Leaving _____

Name of Company:

Address of Company:

Phone #: _____ Supervisor: _____

Dates Employed: From _____ To _____ Reason for Leaving _____

Military Service:

Branch of Service: _____ Discharge Date: _____

National Guard / Reserve: Yes _____ No _____ Date obligation ends: _____

Special training received: _____

References

Name: _____ Relationship: _____

Phone No: (H) _____ (W) _____ (Cell) _____ (Pager) _____

Name: _____ Relationship: _____

Phone No: (H) _____ (W) _____ (Cell) _____ (Pager) _____

Name: _____ Relationship: _____

Phone No: (H) _____ (W) _____ (Cell) _____ (Pager) _____

I acknowledge that the District is relying on the information given and I certify that the information on this application is true to the best of my knowledge. I authorize the District to obtain information from any person named above and I release all concerned from any liability in connection with obtaining and releasing such information.

Signature of Applicant: _____ Date: _____

For District Use Only

	Date Requested	Date Received
Application		
Drug Test Results		
Driving Background Check		
Criminal Background Check		
