



Clear Creek Fire Authority Firefighter Application

Your completed application should be returned by mail, email or fax to:

Clear Creek Fire Authority
Attention: Recruiting
PO Box 507
681 County Road 308
Dumont, CO 80436

maria@clearcreekfire.com

Fax: 303-567-4739
Phone: 303-567-4342



May 12, 2015

Dear Prospective Member,

I appreciate your interest in joining the Clear Creek Fire Authority. In order to continue with the high standards we have set for ourselves, a procedure has been established to screen applicants for the position of Volunteer Firefighter. Becoming a Clear Creek Fire Authority Firefighter is a very serious and rewarding commitment and it begins with this application.

If you are an individual with interest in serving our community in this essential service, you will be challenged, provided with exciting opportunities, and gain knowledge and experience that are the pride and tradition of the Fire Service. Becoming a firefighter for the Clear Creek Fire Authority will require a commitment on your part in time and effort, but you will be rewarded with training opportunities, knowledge, community benefits & perks, potential health and pension benefits and experiences you will never forget. The Clear Creek Fire Authority has something for everyone in the many functions and roles the Fire Authority performs.

Please complete and return the enclosed application as promptly as possible so we may place you in our recruiting system. **Incomplete applications will not be accepted.** Resumes may not be substituted in lieu of filling out application. Your application will be screened on the information submitted. A complete background check will be performed, plus a survey of those personal and business references you have provided. After successful completion of the initial screening, you will be informed you are on the list to continue the application process and we will schedule an interview. If for any reason you do not meet the requirements of the initial screening, we will inform you of that as well. Applicants are welcome and encouraged with prior approval to observe trainings on the 1st and 3rd Wednesdays of the month. The training schedule is available on our website at www.clearcreekfire.com.

Once you have been successfully interviewed, your acceptance as a probationary member is contingent on passing a drug screening. New members are on a six month probationary status and will be required to attend an orientation. As a probationary member, you will be expected to have and maintain a valid Colorado driver's license, auto insurance, and transportation. You will also be expected to be available to attend training sessions (typically Wednesdays 6-10 pm) and some other mandatory training as scheduled by the Authority. After six months, the Authority will review your probationary member training book progress, assess your attendance and participation, along with other factors and will make a determination on your status. CCFA Volunteer Firefighters are, among other things, required to attend a minimum of 36 hours of training per year and meet minimum incident response standards.

Thank you for your interest in joining us in our pursuit of providing the best possible emergency fire and rescue service to our community. We are certain membership in the CCFA will be as rewarding an experience for you as it has been for all of us. Should you have any questions please call 303-567-4342 and a recruiting member will call you back promptly.

Sincerely,
Kelly Babeon
Fire Chief
Clear Creek Fire Authority



ID: _____

Date Received: _____

Personal

Full Name: _____ Prefer to called: _____

Best Phone Number: _____ Home Work Cell

Alternate Phone Number: _____ Home Work Cell

Physical Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Previous Address (if less than 12 months):

City: _____ State: _____ Zip: _____

Email Address: _____

General Information / Education

Are you over 18? Yes No

High School Diploma/GED? Yes No If diploma, where? _____

College? Yes No If yes, where? _____

If yes, # of years _____

Degree _____

Course of studies _____

Emergency Services Experience

Do you have experience as a Firefighter, EMT, or other emergency service? Yes No

If yes, please detail dates, locations, along with related classes and certifications:



Do you have any military service experience that would be relevant to the duties of an emergency responder?

Yes No

If yes, please describe:

Essay Question

Explain why you want to be a firefighter of the Clear Creek Fire Authority and what you can contribute. Include any volunteer or professional memberships that you feel are relevant. Use additional paper or back of page as necessary.

What day & hours are you available to respond to emergency calls?

Have you previously volunteered or been employed by the Clear Creek Fire Authority or Emergency Services District?

Yes No If yes, give Dates: _____

Dept(s): _____

Are you related to any current member of the CCFA, including board members? Yes No

If yes, who _____



Background History

All firefighter applicants for the Clear Creek Fire Authority require a background check.

Please provide the following information:

Full Legal Name _____ DOB _____

Social Security Number: _____

Driver License # _____ State Issued _____ Expiration _____

Other Driving license class A, B or C: _____

Endorsements: _____

Have you ever been convicted of any law violation? Yes No

(Include any plea of "guilty" or "no contest". Exclude minor traffic violations. A conviction will not necessarily disqualify an applicant for employment.) If yes, give details:



Employment History

Current Employer

Company Name _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone _____

Dates Employed From _____ To _____

Previous Employer

Company Name _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone _____

Dates Employed From _____ To _____

Previous Employer

Company Name _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone _____

Dates Employed From _____ To _____

Previous Employer

Company Name _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone _____

Dates Employed From _____ To _____

Please list employers for last 7 years. Continue on separate sheet if necessary.



References

List 2 personal references, not related to you, whom you have known for over a year. Do not list supervisors that you have listed in the previous employment history section.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Medical History

Firefighting is physically demanding. The following questions are designed to ensure that you will be physically and safely able to perform the required duties of a firefighter. You will be required to provide a medical release/Fit for duty form from a physician.

In general, how would you describe your health and physical fitness?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have or have you had any disorder of muscles or bones, including spine, back or joints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have or have you had any disorders of heart, blood vessels or high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have any disease or disorders of the blood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you taking any medications such as tranquilizers, sedatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you able to perform the tasks of a firefighter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of questions 1 through 4 above, please describe what accommodations would be required to fulfill the firefighter responsibilities:



Affidavit

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 further authorize Clear Creek Fire Authority to verify the above information and to perform a background check. I understand I have the right to make a written request within a reasonable time as to the disclosure of the name and address of the consumer or background reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and organizations named in this application 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 making such statements. I further agree to release and hold harmless the Clear Creek Fire Authority, its elected officials, agents, employees and any persons arising out of the release of such information.

I understand that I am 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.

I understand that I am required to provide a physician's release/Fit for Duty. I consent to the release of any or all medical information as may be deemed necessary to justify my capability to do the work for which I am applying.

On the final step you will be required to enter a digital signature which will be binding as your actual signature. Your electronic signature below indicates your agreement with the following statements

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT FOR EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CASE AND WITH OR WITHOUT NOTICE.

Signed _____ Date _____