**LEFT HAND FIRE PROTECTION DISTRICT**

**EMPLOYMENT OR VOLUNTEER APPLICATION**

|  |
| --- |
| **PERSONAL INFORMATION** |
| Date: |      /     /      |
| Name: |       |       |       |
|  | Last | First | Middle |
| Street Address: |       |       |       |       |
|  | Street | City | ST | Zip |
| Mailing Address: |       |       |       |       |
|  | Street | City | ST | Zip |
| Contact Info: | (     )       -       | (     )       -       |      @      |
|  | Home | Cell | E-Mail address |
| Current State Driver’s State & License #: |       -       -       | Exp Date:  |      /     /      |
|  | Date of Birth:(Pension Requirement/must be 18 to apply) |      /     /      |  |
| Present Employer: |       | OK to Contact? | Yes [ ]   No [ ]  | Phone: | (     )       -       |

|  |
| --- |
| **EDUCATION INFORMATION** |
| **Type** | **School Name & Location** | **Years Attended** | **Year Graduated** | **Major or Specialty** |
| **High School** |       |       |       |  |
| **College/University** |       |       |       |       |
| **Other** |       |       |       |       |
| **Fire Related Education**  | 1.
2.
3.
 |
| **Other useful skills or education** | (examples: Skills with foreign languages, esp. Spanish, Survival Training, Diving/skilled climber, etc – what will go here) |

|  |  |
| --- | --- |
| Have you ever been convicted of a felony? | Yes [ ]  No [ ]  If “yes”, please give details below |
|       |
| **REFERENCES (Names of 3 Persons Not Related to you & at least 1-year acquaintance)** |
|  | **Name/Company or Affiliation** | **Phone** | **Years Known** |
| 1. |       | (     )      -      |       |
| 2. |       | (     )      -      |       |
| 3. |       | (     )      -      |       |

|  |
| --- |
| **EMERGENCY CONTACTS Persons to contact in case of emergency** |
|  | **Name** | **Relationship (choose one)** | **E-Mail Address** | **Phone** |
| 1. |       |  |       | (     )      -      |
| 2. |       |  |       | (     )      -      |

|  |
| --- |
| **PHYSICAL RECORD** |
| Do you have any physical limitation that would restrict your activities as a firefighter? Yes [ ]  No [ ]  |
| If “Yes”, please explain below. |
|       |

* I understand and agree to abide by the District’s Zero Tolerance Policy concerning the possession or use of controlled substances or alcohol by firefighters responding to a call.
* I agree to inform the officer in charge at any call to which I respond of **any** non-controlled/over the counter substances and prescription drugs I have taken which may impair my ability or judgment to participate in fire suppression operations or operate any machinery or equipment. Such substances may include but are not limited to decongestants, anti-depressants, pain medication.
* I agree to maintain a reasonable level of fitness that will enable me to pass one of the three levels of pack test required annually as part of the District’s requirements to qualify for, or maintain, active status.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application may constitute grounds for my dismissal.

I authorize investigation of all statements contained herein and the references listed above, to provide any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result as a result of furnishing such information to Left Hand Fire Protection District.

|  |  |  |  |
| --- | --- | --- | --- |
| Date |      /     /      | Signature |       |
|  |  |  |  |

FOR DEPARTMENT USE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work Capacity Test | Date |      /     /      | Level |       |
| Board Review | Date |      /     /      | Time |       |
| Probationary Member | Date |      /     /      |  |  |
| Active Member | Date |      /     /      |  |  |



Lefthand Fire Protection District

900 Lefthand Canyon Drive

Boulder, CO 80302

**TRAINING AND IMMUNIZATION REIMBURSEMENT AGREEMENT**

Reimbursement for EMS and Structure Fire training will be made upon the following schedule and conditions:

1. First, notify the Chief you wish to take First Responder, EMT-B, PALS, ACLS, IV certification, Wildland classes or Structure Fire Training and get approval.
2. It is recommended, and a benefit of membership in Lefthand Fire Protection District (LHFPD), for members to receive the Hepatitis B vaccine. This is also a prerequisite for emergency medical certification.
3. LHFPD may pay for classes for active service members or pay for required classes for Probationary members. Reserve, Probationary, or non-active service level members may pay for a desired course themselves.
4. Upon proof of successful completion of LHFPD recognized classes and obtaining the associated certification, you will be eligible for full reimbursement of class tuition plus any extra charges for required class books. Please copy all receipts of the cost of your training and final certification documents and submit them to the Chief.
5. You are required to give a minimum of 2 years of active service to LHFPD.
If you fail to meet this requirement, then you will be required to reimburse LHFPD a prorated portion of the cost of training, wildland boots and immunizations, based on service, up to 100%. Courses covered by grants require 2 years of active service from completion date.
6. “Active service” is defined as attending a minimum of 3 Lefthand medical/fire trainings and responding to a minimum of 5 calls per quarter. Additional training and volunteer activities, such as Duty Shifts can be considered, at the Chief’s discretion.
7. The period of service begins when you attend orientation and are issued a pager and station code. This happens at the Chief’s discretion, usually soon after the getting to know you period or you complete your first basic training certification (EMR/EMT, Structure, or Wildland.)
8. Allowances are considered for extenuating circumstances, on a case-by-case basis. They are at the sole discretion of the Chief. Please submit a letter to the Chief explaining any reasons why you are unable to comply with the above requirements.
9. Multiple agency membership will have cost sharing for classes taken, based on activity level.

It is up to you to maintain your certification and submit proof of training each time you recertify in the area you choose. LHFPD will pay for recertifications and refresher classes that have been approved by the Chief.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and agree to the above conditions.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement Agreement, revised 2/3/2018



Lefthand Fire Protection District

900 Lefthand Canyon Drive

Boulder, CO 80302

**RELEASE AND WAIVER OF CLAIM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by his/her signature below hereby releases Lefthand Fire Protection District, its agents, representatives, Directors, volunteers and employees from any and all claims, demands, damages, or causes of action which may arise from the undersigned’s participation in training, testing, screening, or education programs or sessions in which the undersigned may participate in conjunction with the Lefthand Fire Protection District.

The undersigned has fully read this document and has acknowledged that participation in the training and educational programs of Lefthand Fire Protection District will not be permitted unless this document has been signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant signature here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness signature here

|  |
| --- |
|  |



Lefthand Fire Protection District

900 Lefthand Canyon Drive

Boulder, CO 80302

**AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, requested and authorized you and/or your organization to furnish to the Lefthand Fire Protection District any and all information you have concerning me. I am authorizing for release all confidential and privileged information which includes, but not limited to, my medical, physical and mental records; and my academic records.

This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Lefthand Fire Protection District. Under Section 24-7-204 of the Colorado Revised Statues, letter of references is not available for inspection by the person who is the subject of this letter.

I fully understand the information you provide may be of a sensitive, confidential, and privileged nature, and may reflect negatively on my suitability. I hereby release you, your organization, and others from any liability and damage which may result from furnishing the requested information to the Lefthand Fire Protection District. Any questions relating to the release of information about me should be directed to the Fire Chief at (720) 214-0560.

A copy of this document is valid and may be relied upon as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant signature here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness signature here

|  |
| --- |
|  |

This Authorization shall expire upon the earlier of: (a), the date upon which the application to Lefthand Fire Protection District is denied; or (b), one year from the date of execution hereof.