



ROCKY MOUNTAIN FIRE DISTRICT

Wildland Seasonal Application for Employment

Applicant Information					
Last Name:		First:		M.I.:	Date:
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail Address:			
Social Security Number::					
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 your under 21, please state age:					
Do you possess a valid Colorado driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you possess a valid commercial driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	Class: Endorsements:
Driver's License Number:		Exp Date:	CDL # and Exp:		
List traffic convictions and their assigned points which you have received for any moving violations during the past five years (60) months.					
Is your license currently restricted due to a previous conviction?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have any pending convictions?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

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

Certifications: List issuing agency and date of expiration	
Colorado State FFI:	Colorado State FFII:
National Registry EMT (Basic, Intermediate, Paramedic):	
Colorado State EMT (Basic, Intermediate, Paramedic):	
Wildland Fire Certifications:	
Rescue Certifications or Experience:	
Other Pertinent Certifications:	
List any special training which may be significant to Rocky Mountain Fire and the position you are applying for:	

Previous Employment:	
Current or most recent Employer:	
Address:	Phone:
Job Title:	
Responsibilities:	
Dates of Employment:	
Reason for leaving or considering leaving:	
May we contact your previous Supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give Supervisors name:
Previous Employer:	
Address:	Phone:
Job Title:	
Responsibilities:	
Dates of Employment:	
Reason for Leaving:	
May we contact your previous Supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give Supervisors name:

Previous Employer:				
Address:		Phone:		
Job Title:				
Responsibilities:				
Dates of Employment:				
Reason for Leaving:				
May we contact your previous Supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give Supervisors name:	

References	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date:

Please provide copies of the following with your application

1. Proof of driving insurance
2. Driving record from State Motor Vehicle Department (must be dated within the last month)
3. Driver's License
4. All current certifications

You may attach a resume, but it does not exclude you from filling out any part of this application.

Return information to:

1803 South Foothills Highway, Suite 120
 Boulder, CO 80303
 303-494-3735 Fax: 303-499-8973