



Application Process

Thank you for your interest in employment with South Metro Fire Rescue. The following information will be helpful to you when submitting your application.

Applicant Note:

This application form is intended for use in evaluating your qualifications for employment. This is not and is not intended to be an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or application process are grounds for terminating the application process or, if discovered after employment, terminating employment.

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, ancestry, religion, or the presence of any disability.

Additional testing of job-related skills may be required prior to employment.

A well-prepared application is important. Read the entire application before answering questions. Evaluation of your qualifications will be based, in large part, on the information you provide herein. Incomplete applications will not be processed.

Notice of examinations and results will be provided to the email address and/or telephone number you provide. It is your responsibility to notify the Human Resource Bureau of any changes.

If you have any questions regarding the employment process please contact employment@southmetro.org or Human Resources at 720-989-2000.

Document Requirements:

When submitting your application, please **include copies of all required documents and certifications as specified throughout the application or as outlined in the job posting for the position for which you are applying**. Job postings for all open positions can be found on our website, www.southmetro.org, under the "employment" section, or at:

South Metro Fire Rescue Headquarters, 9195 E. Mineral Ave., Centennial, CO 80112

All documents are made part of your application and therefore cannot be returned to you, so it is necessary that you **submit copies only – no originals**. Due to limited filing space, please do not submit copies of any documents other than the ones requested in the application or job posting. We will request that information at a later date if needed.



Application for Employment

Return to: South Metro Fire Rescue, Attn: Human Resources 9195 E.
Mineral Ave., Centennial, CO 80112
Telephone: 720.989.2000

Position(s) applying for: _____

Date of application: _____

Instructions: Please answer each question completely and accurately, using N/A when appropriate. DO NOT LEAVE ANY BLANKS. Incomplete applications will result in disqualification from consideration. Application must be printed using blue or black ink, or typed. You are encouraged to submit a resume with your application; however, a resume will not be accepted in lieu of the information provided below.

Applicant Information:

Full Legal Name: _____
Last Name First Name Middle Name

Address: _____
Street City State Zip Code

Telephone: Home: _____ Social Security #: _____
Work/Cell: _____ E-mail Address: _____

Are you 18 years of age or older? () Yes () No

Are you a citizen of the United States or are you legally authorized to work in the U.S.? () Yes () No

Have you applied for a position at South Metro Fire Rescue before? () Yes () No

If yes, for what position? _____ When? _____

Do you have experience serving as a Volunteer Firefighter? () Yes () No

If yes, what Department? _____ Dates of service? _____

Have you ever been terminated from employment or been asked to resign in lieu of termination? () Yes () No

If yes, please explain. Give name of employer, dates of employment and reason for termination. _____

List any traffic violations within the last three years. Please list type of violations, dates and locations: () N/A

List all DUI's you have received in your lifetime. Please give dates, city and state: () N/A

Have you ever been convicted of or pled guilty to a crime, or are there any charges pending against you? () Yes () No

Please indicate: Misdemeanor ___ conviction ___ pending and/or Felony ___ conviction ___ pending

If yes, please describe the offense. Give the date, location and disposition of the charge (Include military service but exclude minor traffic violations or offenses adjudicated in juvenile court) _____

A conviction will not necessarily disqualify you from employment. Seriousness and date of conviction will be considered.

General Information:

Do you have a valid driver's License? () Yes () No State issued: _____ License #: _____ Expiration date: _____
If no, why? _____

Do you have a valid Commercial Driver's License? () Yes () No Class: ___ A ___ B ___ C State issued: _____

Have you served in the United States Armed Forces? () Yes () No (If yes, a copy of your DD-214 must accompany your application)
Branch of Service: _____ Active or Reserve Status: _____ Dates of service: _____ Type of Discharge: _____

Employment History:

Your work experience is an important factor in evaluating your qualifications. Make sure to include all experience and training that may qualify you for consideration. Please make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service, related volunteer service and any period of unemployment. Attach additional sheets if necessary.

Name of Employer		Job Title	
Address		City, State, Zip Code	
Telephone		Name of Last Supervisor	
Employed (month/year) From	To	Salary Starting \$	Ending \$
Description of Duties Performed			
Reason for Leaving		May we contact this employer? ()Yes ()No	

Name of Employer		Job Title	
Address		City, State, Zip Code	
Telephone		Name of Last Supervisor	
Employed (month/year) From	To	Salary Starting \$	Ending \$
Description of Duties Performed			
Reason for Leaving		May we contact this employer? ()Yes ()No	

Name of Employer		Job Title	
Address		City, State, Zip Code	
Telephone		Name of Last Supervisor	
Employed (month/year) From	To	Salary Starting \$	Ending \$
Description of Duties Performed			
Reason for Leaving		May we contact this employer? ()Yes ()No	

Name of Employer		Job Title	
Address		City, State, Zip Code	
Telephone		Name of Last Supervisor	
Employed (month/year) From	To	Salary Starting \$	Ending \$
Description of Duties Performed			
Reason for Leaving		May we contact this employer? ()Yes ()No	

Employment History (continued):

Name of Employer		Job Title
Address	City, State, Zip Code	Telephone
Employed (month/year) From To	Salary Starting \$ Ending \$	Name of Last Supervisor
Description of Duties Performed		
Reason for Leaving		May we contact this employer? ()Yes ()No

Name of Employer		Job Title
Address	City, State, Zip Code	Telephone
Employed (month/year) From To	Salary Starting \$ Ending \$	Name of Last Supervisor
Description of Duties Performed		
Reason for Leaving		May we contact this employer? ()Yes ()No

Name of Employer		Job Title
Address	City, State, Zip Code	Telephone
Employed (month/year) From To	Salary Starting \$ Ending \$	Name of Last Supervisor
Description of Duties Performed		
Reason for Leaving		May we contact this employer? ()Yes ()No

Name of Employer		Job Title
Address	City, State, Zip Code	Telephone
Employed (month/year) From To	Salary Starting \$ Ending \$	Name of Last Supervisor
Description of Duties Performed		
Reason for Leaving		May we contact this employer? ()Yes ()No

Education:

If your school records are under a different name than listed on this application, please enter that name here: _____
 Please include **copies** of the following documents, if applicable, with your application.

Education	Name & Location of School	Course of Study	Degree Earned
High School			
College/University			
Graduate School			
Trade/Business School			
Fire Academy			# of Hours Completed
GED			Certificate Number
Other			

Certifications:

Please include **copies** of the following certifications, if applicable, with your application.

Certification	Certificate Number	Expiration Date	State Obtained
EMT-B			
Paramedic			
National Registry EMT-B			N/A
National Registry Paramedic			N/A
BLS-CPR			N/A

Professional References:

Please give names of persons, not related to you, whom you have known for over a year. Do not list supervisors that you have listed in the employment history section.

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

Additional Information:

Please explain your reasons for interest in this position and for working at South Metro Fire Rescue. Also, provide any additional information you feel may be helpful to us in considering your application:

Do you know anyone who works at South Metro Fire Rescue? If so, who? _____

How did you hear about this position?

____ SMFRA Website ____ Fire Service Periodical ____ Other Internet Source ____ Newspaper ____ Personal Contact ____ Other



Certification & Release (read carefully before signing):

I certify that the answers and information given by me in this application are true, correct and complete to the best of my knowledge. I understand that South Metro Fire Rescue has the right to refuse to hire or immediately discharge me at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during the application process or my employment.

I authorize South Metro Fire Rescue and its agents, including authorized third parties, to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by South Metro Fire Rescue or its representatives, to release any information they have regarding me. I hereby release from liability South Metro Fire Rescue and its representatives for seeking such information and all other persons, corporations or organizations for furnishing information. I authorize investigation of all information as may be necessary to arrive at an employment decision.

I agree that if I am hired by South Metro Fire Rescue, I will comply with the rules, regulations, policies, procedures, and other terms and conditions of employment as set forth in the Policy & Procedure Manual. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may be changed, interpreted, withdrawn, or added to by South Metro Fire Rescue at any time, at South Metro Fire Rescue sole option and without any prior notice to me.

I understand that this application is not a contract of employment. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either South Metro Fire Rescue or myself.

I understand that it is my responsibility to keep South Metro Fire Rescue informed of changes in my application, including address, phone number, employment availability, or other provided information. I further understand that failure to keep any scheduled appointment without proper notice shall be considered just cause for disqualification. Should I desire to be reconsidered, it will require a new application be filed during the next application period.

I also understand that, depending on South Metro Fire Rescue policy and the needs of the job, after an offer of employment and prior to beginning work, I may be required to submit to and pass a drug test, medical and psychological review by a medical professional designated by South Metro Fire Rescue, and South Metro Fire Rescue has the right to obtain these results.

Applicant Signature

Date

Print Name (First, M.I., Last)