



Timberline Fire Protection District

MITIGATION TEAM APPLICATION

INSTRUCTIONS

- Print legibly or type
- Answer each question fully and accurately
- If you need additional space, continue your answer(s) on a separate sheet of paper
- No action can be taken on this application until all questions have been answered

APPLYING

Completed application packets may be sent to asteffe@timberlinefire.com or mailed to:

TIMBERLINE FIRE PROTECTION DISTRICT
Attention: A Steffe
660 HIGHWAY 46
BLACK HAWK, CO 80422

**Note that applications cannot be accepted in person without an appointment*

APPLICATION REQUIREMENT CHECK LIST:

- Completed application packet (including signed verification page)
- Completed and signed Authorization for Release of Information (Including SSN)
- Photos (front and back) of current, valid driver's license
- Copies of any relevant certifications/licenses

CONTACT INFORMATION

For more information:

Andrew Steffe, Mitigation Coordinator
720-398-1972
asteffe@timberlinefire.com

EQUAL OPPORTUNITY: Timberline Fire Protection District is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service, or any State of Colorado protected classifications. No application will be rejected due to a disability that, with reasonable accommodation, does not prevent performance of the essential job duties. The fire district will make reasonable accommodation in the application process, if needed.

Your Name:		Date of Application:	
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PERSONAL INFORMATION

Legal Name:		Preferred Name:	
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Physical Address:			
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City:		State:		Zip:	
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Mailing Address:			
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City:		State:		Zip:	
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Email:			
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Mobile Phone:			
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Are you over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Successful applicants must prove their identity and eligibility for membership by providing the required documentation to complete an I-9 Form.	

Are you currently an active or reserve member of the United States Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran of the United States Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING RECORD

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been CONVICTED, pled GUILTY, NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

EDUCATION/EXPERIENCE

Education Level: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree	
Do you currently hold an active CPR card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold any active wildland fire qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach copies of any current and active wildland fire with your application packet	
If you have previous (i.e., expired or no longer active) wildland fire or other relevant certification/experience, please list that here:	

REFERENCES

Provide three professional references:		
Name:	Email:	Phone:

VERIFICATION AND SIGNATURE

1. I authorize the investigation of all matters which Timberline Fire Protection District deems relevant to my qualifications for membership/employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and release from liability any persons (such as former supervisors) or employers supplying it. I also release Timberline Fire Protection District from all liability, which might result from making the investigation.

2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, will result in denial of membership or immediate termination, regardless of when and how discovered.

3. I understand that I may be required to submit to pre- or post –membership physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Timberline Fire Protection District expense. I authorize the release of the results to Timberline Fire Protection District and their use to evaluate my suitability for membership. I also release Timberline Fire Protection District from all liability arising out of or connected with the examinations and/or testing.

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a membership contract. I also understand the Fire Chief is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts signed by both parties. I also understand that unless otherwise stated in a membership contract, Timberline Fire Protection District may change, withdraw, and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

5. I have read each of these statements. I have also reviewed all the information provided in this application and in any supporting documents.

Yes No

Signature

Date

FOR ADMINISTRATIVE USE ONLY

<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date:	Authorized Signature:
Comments:		

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CONFIDENTIAL AUTHORIZATION FOR RELEASE OF INFORMATION

I,

First	Last	MI
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hereby authorize and empower Timberline Fire Protection District, or authorized representatives and/or your agents bearing this release or copy thereof, to conduct appropriate inquiries, including but not limited to personal interview and records checks from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level and other individuals relating to my past activities and to supply any and all information concerning my background for determination of my eligibility to be assigned to a position of trust and responsibility.

I authorize all persons who may have information or documents relative to these inquiries to disclose and/or provide copies of it to Timberline Fire Protection District, and/or its agents, and I hereby release all persons from liability resulting in providing such information/disclosures.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume and any related information provided by me are true and complete to the best of my knowledge. I understand that if subsequent to membership any such statements and/or answers or other information that I have provided are, found to be false or that if information has been omitted, such false statements or omissions will be just cause for termination of my membership.

I authorize Timberline Fire Protection District to release to any person, firm, entity, or organization with which I may seek membership in the future, any truthful information concerning my work experience with Timberline Fire Protection District. I hereby release and hold Timberline Fire Protection District harmless from any claim for releasing any truthful information within its knowledge and / or records.

The information requested below is required to complete a background check:

Legal First Name:		Middle:		Last:	
Date of Birth:			SSN:		
Address:					
City:			State:	Zip:	
Phone:					

Signed _____ Date _____

Print Name _____