**LEFT HAND FIRE PROTECTION DISTRICT**

**EMPLOYMENT OR VOLUNTEER APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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: | | | (     )       - | | | | |  |

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

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

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

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| **PHYSICAL RECORD** |
| Do you have any physical limitation that would restrict your activities as a firefighter? Yes  No |
| If “Yes”, please explain below. |
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At the time of application, we require that you have unexpired CPR certification that includes the following areas: ventilation rates and rescue breathing, BVM, AED, and 1- and 2-rescuer CPR, pediatric through adult. **Please submit a copy of your CPR certificate or card along with this application.**

* 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.

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| --- | --- | --- | --- |
| Date | /     / | Signature |  |
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FOR DEPARTMENT USE

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| --- | --- | --- | --- | --- |
| 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, EQUIPMENT, AND IMMUNIZATION AGREEMENT**

Lefthand FPD provides support for the membership through equipment issue, tuition assistance, and immunization support. To qualify for financial support, all members must be active as defined by the current annual service requirements document issued with the annual training calendar. Reserve members are not eligible for tuition assistance. Probationary members are eligible for tuition assistance, subject to preferred training timeline and the two years of service terms listed below.

**Active Service:**  
Active service begins when a member is issued a pager to be able to respond to calls.

**Training:**   
Member status must be Active Duty (see above) to be eligible for tuition assistance.

* Members will submit a Training Request Form to the Training Officer prior to enrolling. The Training Officer will review and determine:
  + - Member status
    - Pre-requisites have been met
    - Training is relevant to the service goals of the department and the career goals of the member (refer to the Recruit Handbook for preferred training timeline.)
    - Training budget can accommodate the request as well as the priority training needs of department.
* Training Officer will then notify member and Chief of determination.

If the member has two years of active-duty status and the above conditions are met, the department will pay for the class. If the member has fewer than two years of active-duty status, the member will pay for the class and be reimbursed upon successful completion. Successful completion is defined as passing all examinations, both written and practical, and obtaining final certification from the certifying authority and submitting both the certification and receipt of payment to the Training Officer.   
  
If membership is terminated prior to the completion of two years’ service, the member shall reimburse the department a prorated portion of their tuition expense, based on 1/8th value per quarter of active service.

**Equipment Issue:**  
Members are issued Personal Protective Equipment (PPE) by the department and are responsible for the proper care of issued gear. Should gear wear out through normal use the department will replace it. If gear is damaged or destroyed through misuse, the member will be responsible for replacing the damaged gear per current specification.

Upon completion of service members are expected to return their entire department issued gear ensemble except T-shirts and hats: Bunker gear including jacket, pants, boots, gloves, helmet and hood; Wildland gear including nomex shirt, nomex pants, helmet and shroud, fire shelter, and line pack if issued; EMS pack if issued; pager(s) and radio if issued.  
  
Wildland firefighters (defined as members who take and pass S-130/190, have WCT and red card) are eligible for a one-time $200 stipend for line qualified boots, as defined in the most current Wildland Fire Boot Standard (NFES 2724). This request may be made prior to class with time allowed to break in boots. Stipend subject to the two years of service terms in the training section listed above.

**Immunization:**  
Lefthand FPD recommends members receive the Hepatitis B vaccination series. This is a pre-requisite for EMT-B level responders and above. Lefthand also recommends SARS-COV-2 vaccination. Members are eligible for both vaccination series through Lefthand FPD at department expense. Members who choose not to be vaccinated must sign the vaccination waiver.

**Maintenance:**  
It is the responsibility of the individual member to maintain their certification and provide recertification proof to the department. Lefthand FPD will provide tuition assistance for active members for recertification classes that are necessary for department needs if the required classes are not offered by Lefthand FPD. The approval and reimbursement process are the same as under the Training section above.

**Allowances:**  
The Training Officer with the Officer’s group may recommend that the Fire Chief allow exceptions for extenuating circumstances or to meet department needs on a case-by-case basis.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and agree to the above conditions.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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

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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

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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.