



Application for TURN-OUTS

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT LEGIBLY)

Position(s) Applied for: _____

How did you learn about EFR? (↓) _____ Today's Date: _____

- Newspaper Ad (If so, please list source) _____
- Website (If so, please list source) _____
- Friend Relative Other: _____

Personal

Full Name (L, F, M) _____

Mailing/Physical Address _____

City _____ Zip _____

Home phone _____ Additional phone _____

E-Mail: _____

General Information

What is the best time to contact you? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

Do any of your friends or relatives, other than a spouse, work here? Yes No

Are you able to present *of citizenship or immigration status will be required upon employment.*) Yes No

Have you served as a volunteer for another organization?

If so? Where _____ Yes

What services did you provide _____ No

Have you been convicted of a felony within the last seven years? Yes

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question. No



Education

	Name/City & State of School	Diploma/GED/Degree	Years Completed
High School			
College			
Course of studies:			
Graduate			
Course of studies:			
Other (Specify)			
Course of studies:			

Describe any job-related training, apprenticeship, and/or skills received:

List any professional, trade, business, or civic activities and offices held:

Do you have experience as a Firefighter, EMT, or other emergency service?

_____ Yes _____ No

If yes, please detail dates, locations, along with related classes and certifications:

List any other job-related certifications and/or licenses:



Employment History

Please list employers for last 5 years.

Current Employer

Company Name _____

Address _____

City _____ Zip _____

Supervisor: _____

Occupation/Job Title _____ Phone: _____

Dates Employed From _____ To _____ Reason for leaving _____

Work Performed _____

Previous Employer

Company Name _____

Address _____

City _____ Zip _____

Supervisor: _____

Occupation/Job Title _____ Phone: _____

Dates Employed From _____ To _____ Reason for leaving _____

Work Performed _____

Previous Employer

Company Name _____

Address _____

City _____ Zip _____

Supervisor: _____

Occupation/Job Title _____ Phone: _____

Dates Employed From _____ To _____ Reason for leaving _____

Work Performed _____



Military Service? Yes _____ No _____

If yes, type of discharge _____

Describe any job-related training received in the U.S. military:

References

List 2 personal references other than immediate family

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

List 2 professional references

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

To submit the completed application:

Please submit completed application by fax, mail or email to the attention of our HR Manager at:

Fax #: 303.674.8701
Evergreen Fire Rescue
Attn: HR Manager
1802 Bergen Parkway
Evergreen, CO 80439
hr@evergreenfirerescue.com

For questions contact us at 303.674.3145