



OLATHE FIRE PROTECTION DISTRICT

406 S. 5TH ST./PO BOX 547

OLATHE, CO 81425

(970) 323-6234

FAX (970) 323-8714

DISTRICT MEMBERSHIP APPLICATION

Please complete this packet and return to the District Office.

Type or print clearly in dark ink.

Complete all questions fully and correctly. Enter N/A if question does not apply.

If you do not answer all questions, you may delay the review of your application and possibly lose job opportunities.

Provide copies of certifications and driver's license and include all experience and training that might qualify you for the position you are applying for.

If more space is needed to answer any question on this application, attach a full sheet of paper and write your name in the upper right corner of the attachment.

OFPD is an Equal Opportunity Employer. Applicants for positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Your signature is required at the end of this application.

For Office Use Only

Applicant Name:

Position Applied For:

Date Rec'd:

Rec'd By:

APPLICANT INFORMATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Have you ever been employed/educated under another name? Yes No
 If yes, please state name: _____

Position Desired: (Circle all that apply) **FF/EMT** **PRN** **PRN EMT** **Volunteer FF**

Date Available: _____ Desired Wage: _____

Are you a citizen of the United States? Yes No
 If no, are you authorized to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime other than traffic citations? Yes No
 If Yes, explain: _____

Have you ever had a HIPAA violation? Yes No
 If yes, explain: _____

Have you ever been involved in a lawsuit? Yes No
 If yes, explain: _____

Are you currently firefighter certified? Yes No
 If yes, what level: _____

Colorado EMT #: _____ NR #: _____

Please attach copies of certifications you hold and a copy of your driver's licenseDo you have a valid driver's license? Yes No

Has your driver's license been suspended/revoked in the last three (3) years? Yes No

How many driving violations in the last seven (7) years? _____
 Please describe: _____

Have you ever worked/volunteered for OFPD before?
 If yes, Dates: From: _____ To: _____
 Position(s) held: _____

Do you have any medical conditions that would inhibit the performance of your duties? Yes No

EMPLOYMENT HISTORY

Describe your current and/or most recent position under Current Employer. Work backwards, describing positions you have held. List all full and part time employment information. If you need additional space, please continue on a separate sheet of paper. A resume may be attached in addition to providing the requested information below.

Current Employer

Name: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Wage: _____

Ending Wage: _____

Responsibilities: _____

Dates of employment: _____

From: _____

To: _____

May we contact this supervisor for a reference? _____

Yes _____

No _____

Do they understand the need to be excused from work for an emergency? _____

Yes _____

No _____

Previous Employment

Name: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Wage: _____

Ending Wage: _____

Responsibilities: _____

Dates of Employment: _____

From: _____

To: _____

May we contact this supervisor for a reference? _____

Yes _____

No _____

Previous Employment

Name: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Wage: _____

Ending Wage: _____

Responsibilities: _____

Dates of Employment: _____

From: _____

To: _____

May we contact this supervisor for a reference? _____

Yes _____

No _____

EDUCATION

High School: _____

From: _____

To: _____

Did you graduate: Yes _____

No _____

Degree: _____

College: _____

From: _____

To: _____

Did you graduate: Yes _____

No _____

Degree: _____

Other: _____

From: _____

To: _____

Did you graduate: Yes _____

No _____

Degree: _____

TRAINING

Please provide below any additional training/other courses taken related to your desired position. If you need additional space, please continue on a separate sheet of paper.

Course: _____
Name of Training Facility/School: _____ City/State: _____
Total Classroom Hours: _____ Month/Year Training Completed: _____
Certificate/Diploma (if applicable): _____

MILITARY AND VETERANS INFORMATION

Branch of all active service: _____
Dates of all active service: _____
Describe any job-related training received in the U.S. Military: _____

Veterans Preference: Yes No
(If preference eligible, attach copy of DD214 and SF-15)

REFERENCES

List three (3) individuals not related to you who have known you for at least one (1) year. They should be able to verify your qualifications and fitness for the job for which you are applying. Do not list supervisors you previously listed in Employment History.

Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone #: _____
Address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Phone #: _____

Nearest Relative: _____ Relationship: _____
Phone #: _____

Briefly state your reasons for wanting to become a part of our organization:

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee/Member at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document of by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I agree to permit the Olathe Fire Protection District to conduct an investigation into my background through the police department, CBI, FBI, Department of Revenue, or any other law enforcement organization or background information system. This information will be held in confidence by the Olathe Fire Protection District. I have also read and understand the job description and functional position description.

In the event of employment, I understand that false or misleading information stated within this application or during any interview process, may result in discharge. I also understand that I am required to abide by all rules and regulations of the Olathe Fire Protection District and this application does not grant me any right of continued employment and does not establish or create a contract of employment, either express or implied, between the Olathe Fire Protection District and myself.

By signing below, I hereby attest that the above information is true and accurate, that all information provided within this application has been provided willingly, and I understand that any false or misleading information will subject me to disqualification or dismissal.

Signature of Applicant

Date

Background Check Policy

As of December 8, 2021, the Olathe Fire Protection District ("OFPD") will conduct background checks on all candidates offered positions of employment with OFPD. OFPD will also conduct a background check on any current employee who is offered a promotion or transfer which, in the District's discretion, warrants such a check. OFPD will also conduct periodic background checks on employees with public facing responsibilities. OFPD may also conduct a background check on any current employee as to whom the District otherwise has reasonable cause to believe that a background check is warranted. OFPD will also conduct any such additional background checks as are required by law.

Background checks will be conducted by OFPD or by a reputable third-party consumer-reporting agency. All background checks will be conducted in compliance with federal and state law. Information obtained through a background check will be kept separate from the regular personnel file and will be maintained in strict confidence, consistent with the terms and purpose of this policy.

The background check generally will include a review of information from an individual's previous employer(s), educational institutions and law enforcement agencies at the federal, state and county levels.

Background checks may include but are not limited to:

1. Review of criminal records
2. Verification of social security number
3. Verification of educational records
4. Verification of employment records
5. Sexual offender registry search

For new hires, background checks will be processed at the time a conditional offer of employment is made. For transfers and promotions, the background check will be processed at the time a conditional offer of transfer or promotion is made.

In each case in which a background check will be performed, the individual will be asked to complete and sign a release authorizing OFPD and/or the third-party vendor to conduct the background check. If the individual fails to sign the release, any offer for employment, promotion or transfer will be rescinded, and any current employment with OFPD may be terminated.

Background check reports will be obtained and reviewed by Human Resources, who may review the information with the appropriate member of Command Staff, OFPD's legal counsel, or others with a need to know.

If an individual is to be denied employment, promotion or transfer wholly or partly because of information obtained in a background check, the individual will be informed in advance of any adverse action. In addition, where required by law and to the extent applicable, the individual will be given (a) a copy of the relevant background check report, (b) a summary of the individual's legal rights concerning the background check report, and (c) the name, address and phone number of the third-party vendor if the individual has questions about the results of the report or wants to dispute the accuracy of the report. (Note, however, that the vendor does not make employment decisions and will be unable to provide any individual with specific reasons as to why the adverse action was taken.)

Any questions concerning this policy may be directed to the Chief and/or Human Resources.