

# ALAMOSA FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

City of Alamosa 300 Hunt Ave Alamosa, CO 81101

The Alamosa Volunteer Fire Department is an Equal Opportunity Organization and will consider all applications without regard to race, marital status, sex, age, color, religion, national origin, veteran status, disability or any other characteristic protected by law. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

## INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the back of application.  
**Incomplete or illegible applications will not be processed.**
2. Applications must be returned to **Human Resources** and received by the close of business on the announced closing date for membership. Late applications will be reviewed for the next membership recruitment; occurring within sixty (60) days of the return date.
3. Resumes are accepted only as a supplement to the membership application.
5. Use blank paper if you do not have enough room on this application.
6. Applications without an affidavit signature on the last page will not be accepted.

P E R S O N A L	Last Name	First	Middle	Today's Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Do you live within Alamosa city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address
	Have you previously applied for membership with the Alamosa Fire Department? If Yes, Month and Year			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any relatives affiliated with the City now? If yes, give name and department:			<input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you 19 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How did you hear about membership opportunities? <input type="checkbox"/> Channel 10 <input type="checkbox"/> Valley Courier <input type="checkbox"/> City Employee <input type="checkbox"/> Website <input type="checkbox"/> Firefighter <input type="checkbox"/> Other _____			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	High School				<input type="checkbox"/>	
	or GED					
	Business/Trade				<input type="checkbox"/>	
	Technical					
	College				<input type="checkbox"/>	
	Graduate				<input type="checkbox"/>	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment history including military service. Start with your present or most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using the same format.

NOTE: Membership may be contingent on acceptable references from current and former employers.

Company Name	Telephone
Address	Employed (Month and Year) From:                      To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

Company Name	Telephone
Address	Employed (Month and Year) From:                      To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

Company Name	Telephone
Address	Employed (Month and Year) From:                      To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

PLEASE LIST ANY SPECIALIZED TRAINING IN THE FIRE OR LIFE SAFETY FIELD.

<input type="checkbox"/> Firefighter One level of State Qualification Expiration Date: _____	<input type="checkbox"/> Haz Mat Operations level of State Certification Expiration Date: _____
<input type="checkbox"/> Firefighter Two level of State Qualification Expiration Date: _____	<input type="checkbox"/> Haz Mat Technician level of State Certification Expiration Date: _____
<input type="checkbox"/> Colorado EMS First Responder Expiration Date: _____	<input type="checkbox"/> CPR Expiration Date: _____
<input type="checkbox"/> Emergency Medical Technician – Basic Expiration Date: _____	<input type="checkbox"/> Other _____

SPECIAL SKILLS

List proficiency with any heavy machinery, industrial equipment, or specialized training you may have.

List any computer skill you may possess, i.e., hardware, software applications, programming skills, etc.

Have you been fired from a job or asked to resign in the last 10 years?  Yes  No

If Yes, please explain:

Have you ever been convicted of any law violation in the last ten years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any pleas of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.)  Yes  No If yes, describe in full:

Do you have a valid driver's license?  Yes  No License number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Have you had your license suspended or revoked within the last two years?  Yes  No

If Yes, give details:

Give three references, not relatives, who have definite knowledge of your **business or professional qualifications** for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment history.

Name		Phone
	Day Time	
	Alternate	
	Day Time	
	Alternate	
	Day Time	
	Alternate	

**AFFIDAVIT**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Alamosa Fire Department may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership will be conditioned upon my successfully passing a complete pre-engagement physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I understand that if I am extended an offer of membership, I will be required to successfully pass a drug screening examination. I hereby consent to a pre engagement drug screen as a condition of membership.

**I UNDERSTAND THAT THIS APPLICATION FOR MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR DOES ANY OFFER OF MEMBERSHIP GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.**

I have read, understand, and by my signature consent to these statements:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to: City of Alamosa Human Resources at 300 Hunt Ave. Alamosa, CO  
**THIS APPLICATION FOR MEMBERSHIP WILL REMAIN ACTIVE FOR A LIMITED TIME**