

**ARCHULETA COUNTY SHERIFF'S OFFICE
FIRE PROGRAM EMPLOYMENT APPLICATION**

Archuleta County is an equal opportunity employer. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or, if discovered after employment, terminating employment. All qualified applicants will receive consideration. A felony conviction will not necessarily bar an applicant from employment. Affirmative Action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs may be required prior to employment.

After an offer of employment, and prior to reporting to work, you are required to submit a pre-employment physical and drug test.

If you need help to fill out this application form or for any phase of the employment process, notify the Human Resources Department and every reasonable effort will be made to accommodate your needs. If more space is needed to complete any question, use the comments section on the back or make additional copies of the page on the form on which you need more space. Print clearly. Incomplete or illegible applications will not be processed. Resumes are accepted in addition to this application, not in lieu of it. This application must be completed in full to be considered for employment.

PERSONAL INFORMATION

| | | | | | | | |
|--|--|------------|------------|----------------|--|-----|----|
| Today's Date: | | | | | | | |
| Last Name | | First Name | | Middle Initial | | | |
| Mailing Address | | | Apt Number | | | | |
| City | | State | Zip Code | E-mail: | | | |
| Primary Contact Number | | () | | Other Number | | () | |
| Are you 18 years or older? (If hired, you may be required to submit proof of age) | | | | | | Yes | No |
| If hired, can you furnish proof you are legally eligible to work in the United States? | | | | | | Yes | No |

EMPLOYMENT DESIRED

| | | | | | | | | | |
|--|--|------------------------|-----------------------------------|---|--|----------------|----|---------------|--|
| Position Desired: | | | | | | Date Available | | | |
| Are you seeking? (check all that apply) | | Temporary Full Time | | Temporary Part Time | | Volunteer | | | |
| Schedule availability: (Check all that apply) | | | | Weekdays | | Weekends | | Evenings | |
| | | | | Nights | | Overtime | | Flex schedule | |
| | | | | Other (explain) | | | | | |
| Have you previously been employed by the County? | | | | Yes (if yes, complete the next line[s]) | | | No | | |
| Previous County employment dates | | | Previous County employee position | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Do you have any relatives employed by the County? If yes, complete the next line(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Relative(s) Name(<i>below</i>) | Relative(s) job/department(<i>below</i>) | | Relationship to you(<i>below</i>) | | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |
| If employed, do you expect to be engaged in any additional business/employment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional business/employment details: | | | | | |
| <input type="text"/> | | | | | |

BACKGROUND INFORMATION

| | | | | | | |
|---|----------------------|---|-----|--------------------------|--------------------------|--------------------------|
| Social Security # | <input type="text"/> | Have you ever used other names or social security numbers other than that provided? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If so, list those names and numbers: | | | | | | |
| <input type="text"/> | | | | | | |
| Are you currently employed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If currently employed, may we contact your current employer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a valid Driver's license? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drivers License State, Type, and Number | <input type="text"/> | | | | | |
| In the last 3 years, have you been convicted of any traffic violations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide details: | | | | | | |
| <input type="text"/> | | | | | | |
| Have you ever been convicted of a misdemeanor or felony (except a minor traffic violation)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide details: | | | | | | |
| <input type="text"/> | | | | | | |

FIRE QULIFICATIONS, TRAINING, AND EXPERIENCE

List the dates below that you have received any of the following qualifications. If hired, copies of task books and previous qualifications card must be presented prior to working.

| NWCG Qualifications | Other Qualifications (if not NWCG, please list certifying agency) |
|-----------------------------|--|
| FFT2: Firefighter 2 | <input type="text"/> |
| FFT1: Firefighter 1 | |
| ENOP: Engine Opr. | |
| ENGB: Engine Boss | |
| CRWB: Crew Boss | |
| FALA: Faller A | |
| FALB: Faller B | |
| FALB: Faller C | |
| HECM: Helicopter Crewmember | (Optional) Most recent work capacity test time, elevation, and date taken: |
| <input type="text"/> | <input type="text"/> |

List the dates below that you received any of the following training. If hired, copies of task books and your most recent qualifications card must be presented prior to starting.

NWCG / FEMA Training

| | | | |
|--------------------------------------|--|--|--|
| Most Recent RT-130: Annual Refresher | | S-200: Initial Attack IC | |
| S-130/190: Basic Wildland Fire | | S-330: Strike Team / Task Force | |
| S-131: Advanced Fire / Squad Boss | | S-271: Helicopter Crewmember | |
| S-211: Portable Pumps | | L-180: Human Factors | |
| S-212: Wildland Fire Power Saws | | L-280: Followership | |
| S-215: Urban Interface Fire Ops | | L-380: Fireline Leadership | |
| S-230: Single Resource / Crew Boss | | M-410: Facilitative Instructor | |
| S-231: Engine Boss | | IS-100: Introduction to ICS* | |
| S-234: Ignitions Operations | | IS-200: Basic ICS* | |
| S-260: Interagency Business Mgt | | I-300: Intermediate ICS* | |
| S-270: Basic Air Operations | | IS-700: Introduction to NIMS* | |
| S-290: Intermediate Fire Behavior | | * ICS or I class equivalent may be used also | |
| S-390: Intro to Fire Behavior Calc. | | | |

Other Training (if not NWCG, please list certifying agency)

| | |
|--|--|
| | |
|--|--|

WILDLAND FIRE SKILLS

Please circle your level of proficiency of the following skills. Proficiency levels are described below:

N = No Knowledge of the skill (meaning complete training will be required to become proficient)

L = Limited knowledge of the skill (meaning training will be required to become proficient)

P = Proficient with the skill (meaning you can also teach the skill to other)

E = Expert (meaning you have significant background surrounding the skill and/or can participate in process development or advanced trouble shooting)

| | | | |
|---------------------------------------|---------|---|---------|
| Handline construction | N L P E | Directing ground firing operations | N L P E |
| Progressive hoselay deployment | N L P E | Find a fire using triangulation | N L P E |
| Firing using a drip torch | N L P E | Map a fire using a GPS | N L P E |
| Urban interface structure preparation | N L P E | Plot a location on a map using lat / long | N L P E |
| Portable pump operation / maintenance | N L P E | Make a fire map using Google Earth | N L P E |
| Chainsaw maintenance | N L P E | Make a fire map using ESRI ArcMap | N L P E |
| Identification of safety zones | N L P E | BK radio field programming | N L P E |
| Fire crew operations (Type 1 or 2) | N L P E | BK radio computer programming | N L P E |
| Fire engine operations | N L P E | Field weather observations and calcs. | N L P E |
| Basic vehicle maintenance | N L P E | Facilitation of tactical decision games | N L P E |
| Off road driving | N L P E | Facilitation of After Action Reviews | N L P E |
| Emergent driving in congested areas | N L P E | Microsoft Word for word processing | N L P E |
| ATV operation | N L P E | Microsoft Excel for basic calculations | N L P E |
| Sling load operations | N L P E | Instructing others | N L P E |

What other skills do you have that are related to the position for which you are applying?
 (Example: languages you speak fluently)

What other machinery or equipment can you operate that are related to the position for which you are applying?

EDUCATION

| | School Name & Address | Course of Study | Years Completed | Degree/Diploma | |
|---|-----------------------|-----------------|-----------------|------------------------------|-----------------------------|
| High School/GED | | | | | |
| Undergraduate College | | | | | |
| Graduate College /or Other | | | | | |
| Have you worked or attended school under any other name? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, list the name or names used: | | | | | |
| List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) | | | | | |

EMPLOYMENT HISTORY

List names of employers in reverse chronological order for at least the last five years. List the present or last employer first. Account for all periods of time including military service, volunteer service, and any periods of unemployment. If self-employed, give the firm name and supply business references. You must complete this section even if attaching a resume. Note: A job offer may be contingent upon acceptable references from current and former employers.

| | | | | | | | |
|--------------------|--|----------|-------------|-----------|--|---------|--|
| Employer | | | | | | | |
| Start Date | | End Date | | Start Pay | | End Pay | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Telephone | | | Web Address | | | | |
| Job Title | | | Supervisor | | | | |
| Reason for leaving | | | | | | | |
| Work performed | | | | | | | |

| | | | | | | | |
|--------------------|--|----------|--|-------------|--|---------|--|
| Employer | | | | | | | |
| Start Date | | End Date | | Start Pay | | End Pay | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Telephone | | | | Web Address | | | |
| Job Title | | | | Supervisor | | | |
| Reason for leaving | | | | | | | |
| Work performed | | | | | | | |

| | | | | | | | |
|--------------------|--|----------|--|-------------|--|---------|--|
| Employer | | | | | | | |
| Start Date | | End Date | | Start Pay | | End Pay | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Telephone | | | | Web Address | | | |
| Job Title | | | | Supervisor | | | |
| Reason for leaving | | | | | | | |
| Work performed | | | | | | | |

| | | | | | | | |
|--------------------|--|----------|--|-------------|--|---------|--|
| Employer | | | | | | | |
| Start Date | | End Date | | Start Pay | | End Pay | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Telephone | | | | Web Address | | | |
| Job Title | | | | Supervisor | | | |
| Reason for leaving | | | | | | | |
| Work performed | | | | | | | |

| | | | | | | | |
|--------------------|--|----------|--|-------------|--|---------|--|
| Employer | | | | | | | |
| Start Date | | End Date | | Start Pay | | End Pay | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Telephone | | | | Web Address | | | |
| Job Title | | | | Supervisor | | | |
| Reason for leaving | | | | | | | |
| Work performed | | | | | | | |

WORK REFERENCES

| | | | | | | | |
|-------------------|--|--|--|-------|--|-----|--|
| Employer | | | | | | | |
| Name of Reference | | | | | | | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Business Phone | | | | | | | |

| | | | | | | | |
|-------------------|--|--|--|-------|--|-----|--|
| Employer | | | | | | | |
| Name of Reference | | | | | | | |
| Mailing Address | | | | | | | |
| City | | | | State | | Zip | |
| Business Phone | | | | | | | |

COMMENTS/ADDITIONAL INFORMATION

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CERTIFICATION, RELEASE, AND SIGNATURE

I certify that I have read and understand the applicant instructions on page 1 and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the County and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, institutions, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, institutions, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the County policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

| | |
|--------------|--|
| Print Name | |
| Sign Name | |
| Today's Date | |

Archuleta County, Human Resources Department,
449 San Juan, PO Box 1507, Pagosa Springs, CO 81147
970-264-8375
Fax: 970-264-8376

ARCHULETA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER