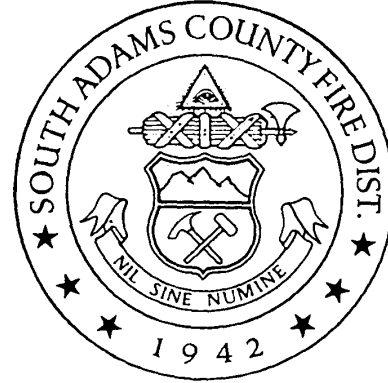


SOUTH ADAMS COUNTY VOLUNTEER FIRE DEPARTMENT

6550 East 72nd Avenue
Commerce City, CO 80022-2006
303-288-0835



NAME _____

INSTRUCTIONS

This packet has been prepared to aid you in the application process for the South Adams County Volunteer Fire Department.

All portions of the application must be completely filled out to the best of your ability and knowledge. Any area that is not applicable should be marked N/A.

If for any reason you need additional space to explain an answer or to provide additional information use white 8-1/2" X 11" paper. Be sure to put the item number next to each entry.

This application must be clear and legible. Please print or type all entries/information using **BLACK** ink.

Return the completed application by mail or in person to the above listed address.

SECTION 1 - PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		ISSUING STATE	
CURRENT ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE NUMBER		WORK PHONE NUMBER			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER		

EMPLOYMENT INFORMATION

EMPLOYER BUSINESS NAME		SUPERVISORS NAME			
EMPLOYERS ADDRESS		CITY		STATE	ZIP CODE
EMPLOYERS PHONE NUMBER		EXTENSION			
EXACT TITLE OF YOUR POSITION					
PLEASE GIVE A BRIEF DESCRIPTION OF THE WORK YOU DO FOR THIS EMPLOYER:					

REFERENCES

NAME		ADDRESS			
CITY		STATE	ZIP CODE	PHONE NUMBER	
NAME		ADDRESS			
CITY		STATE	ZIP CODE	PHONE NUMBER	
NAME		ADDRESS			
CITY		STATE	ZIP CODE	PHONE NUMBER	

SECTION 2 - FAMILY DATA

FIRST NAME	MIDDLE INITIAL	LAST NAME
CURRENT ADDRESS	CITY	STATE ZIP CODE
OCCUPATION	EMPLOYERS NAME	
EMPLOYERS ADDRESS	CITY	STATE ZIP CODE
EMPLOYERS PHONE NUMBER	SUPERVISORS NAME	

CHILDREN LIVING AT HOME

FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX

CHILDREN NOT LIVING AT HOME

FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
ADDRESS	CITY	STATE	ZIP CODE	
FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
ADDRESS	CITY	STATE	ZIP CODE	
FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	SEX
ADDRESS	CITY	STATE	ZIP CODE	

SECTION 3 - COURT RECORD/TRAFFIC TICKETS

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS AND EXPLAIN ANY YES ANSWERS
HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY OF THE FOLLOWING?

- | | | |
|--|------------------------------|-----------------------------|
| 1. TRAFFIC VIOLATION, EXCLUDING PARKING TICKETS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. DRUG VIOLATIONS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. ALCOHOL RELATED MOTOR VEHICLE VIOLATIONS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. DUI OR DWAI? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. DOMESTIC VIOLENCE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. HAVE YOU EVER HAD AUTOMOBILE INSURANCE CANCELLED FOR ANY REASON OTHER THAN NON-PAYMENT OF PREMIUMS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. DO YOU CURRENTLY HAVE VALID AND UP TO DATE AUTOMOBILE INSURANCE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

NAME OF INSURANCE COMPANY	EXPIRATION DATE	POLICY NUMBER

DRIVERS LICENSE NUMBER	EXPIRATION DATE	STATE

EXPLAIN ALL YES ANSWERS

QUESTION NUMBER: _____

QUESTION NUMBER: _____

QUESTION NUMBER: _____

QUESTION NUMBER: _____

SECTION 5 – PHYSICAL DATA

WE ARE REQUIRED BY STATE AND FEDERAL GOVERNMENT TO KEEP CERTAIN STATISTICAL RECORDS ON APPLICANTS. WE ARE ASKING THAT YOU ANSWER THE QUESTIONS BELOW TO ASSIST US IN COMPILING THIS DATA. THE INFORMATION YOU PROVIDE WILL ONLY BE USED FOR STATISTICAL PURPOSES. IT WILL NOT BE USED IN ANY OTHER WAY TO DISCRIMINATE AGAINST YOU BECAUSE OF SEX, RACE, AGE, CREED, NATIONAL ORIGIN, OR DISABILITY. SUBMISSION OF INFORMATION IS VOLUNTARY.

I DO NOT WISH TO PROVIDE ANY INFORMATION

	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DATE OF BIRTH	AGE	SEX
DATE OF APPLICATION:		

WHAT IS YOUR ETHNIC BACKGROUND? CHECK ONLY ONE BOX

- WHITE, (NOT OF HISPANIC ORIGIN): ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.

- BLACK, (NOT OF HISPANIC ORIGIN):

- HISPANIC, ALL PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OF ORIGIN REGARDLESS OF RACE.

- ASIAN OR PACIFIC ISLANDER: ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT PACIFIC.

- AMERICAN INDIAN OR ALASKAN NATIVE: ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH AFFILIATION OR COMMUNITY RECOGNITION.

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE
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DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY PREVENT YOU FROM BEING A FIRE FIGHTER?

IF YES PLEASE EXPLAIN:

MY SIGNATURE BELOW SIGNIFIES MY PERMISSION FOR THE SACVFD TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

ALL OF THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE:
