



OLATHE FIRE PROTECTION DISTRICT

406 S. 5TH ST. / PO Box 547

OLATHE, CO 81425

(970)323-6234

FAX (970)323-8714

16.04 DISTRICT MEMBERSHIP APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO DISTRICT OFFICE.

APPLICANT INFORMATION

DATE: _____

LAST NAME: _____ FIRST: _____ M.I. _____

STREET ADDRESS: _____ APT/UNIT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

POSITION DESIRED: VOLUNTEER FIREFIGHTER EMT/PARAMEDIC (911 IFT
(PLEASE MARK ALL THAT APPLY)

DATE AVAILABLE: _____ DESIRED SALARY: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO
IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S. YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME/FELONY? YES NO
IF YES, EXPLAIN: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU CURRENTLY FIREFIGHTER CERTIFIED? YES NO IF YES, WHAT LEVEL? _____

COLORADO EMT NUMBER: _____ NR NUMBER: _____

PLEASE PROVIDE THE FOLLOWING: COPIES OF CERTIFICATIONS YOU HOLD
DRIVER'S LICENSE

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD INHIBIT THE PERFORMANCE OF YOUR DUTIES?
YES NO

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED/REVOKED IN THE LAST THREE YEARS? YES NO

HAVE YOU EVER WORKED FOR OFPD BEFORE? YES NO
IF SO, WHEN? _____

Controlled Document

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EMPLOYMENT HISTORY

NAME OF CURRENT EMPLOYMENT: _____
ADDRESS: _____ PHONE #: _____
SUPERVISOR: _____ JOB TITLE: _____
STARTING SALARY: _____ ENDING SALARY: _____
RESPONSIBILITIES: _____

FROM: _____ TO _____ REASON FOR LEAVING: _____
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 ___

NAME OF PREVIOUS EMPLOYMENT: _____
ADDRESS: _____ PHONE #: _____
SUPERVISOR: _____ JOB TITLE: _____
STARTING SALARY: _____ ENDING SALARY: _____
RESPONSIBILITIES: _____

FROM: _____ TO _____ REASON FOR LEAVING: _____
MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? YES ___ NO ___

NAME OF PREVIOUS EMPLOYMENT: _____
ADDRESS: _____ PHONE #: _____
SUPERVISOR: _____ JOB TITLE: _____
STARTING SALARY: _____ ENDING SALARY: _____
RESPONSIBILITIES: _____

FROM: _____ TO _____ REASON FOR LEAVING: _____
MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? YES ___ NO ___

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____
FROM: _____ TO _____ DID YOU GRADUATE? YES ___ NO ___ DEGREE: _____
COLLEGE: _____ ADDRESS: _____
FROM: _____ TO _____ DID YOU GRADUATE? YES ___ NO ___ DEGREE: _____
OTHER: _____ ADDRESS: _____
FROM: _____ TO _____ DID YOU GRADUATE: YES ___ NO ___ DEGREE: _____

REFERENCES - (PLEASE LIST THREE PROFESSIONAL REFERENCES)

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 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. 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.

BY SIGNING BELOW, I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE