



**La Salle Fire Department
New Member Application**

La Salle Fire Department is a equal opportunity employer

Volunteer Position Applying for: _____ Date: _____
 Last Name: _____ First Name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: (H) _____ (W) _____ (Cell) _____
 Email: _____

Are you 18 years or older? : Yes ___ No ___ Age: _____ Date of Birth: _____
 Are you a U.S. Citizen or an alien authorized to work in the United States? Yes ___ No ___
 The Department completes a driver's License and a criminal background check and drug screen on all applicants. Your signature on the Departments Background Authorization Form is required.

Have you had Fire and / Or Rescue service experience? Yes _____ No _____
 Name of Organization: _____
 Address of Organization: _____
 Phone # : _____ Contact Person: _____
 Dates Served: _____ At time of your departure, what were your general responsibilities? _____

What Skills, qualifications do you possess? _____

Education				
	School	Course	Did you Graduate?	Year
Grammar:				
High:				
College:				
Other:				

Experiences: (List the last two companies you have worked for most recent two)
 Name of Company: _____
 Address of Company: _____
 Phone# : _____ Supervisor: _____
 Dates employed From : _____ To _____
 Reason for Leaving: _____

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Address of Company: _____
Phone #: _____ Supervisor: _____
Dated Employed From: _____ To: _____
Reason for leaving: _____

References:

Name: _____
Address: _____
Phone #: (H) _____ (W) _____ (Cell) _____

Name: _____
Address: _____
Phone #: (H) _____ (W) _____ (Cell) _____

Name: _____
Address: _____
Phone #: (H) _____ (W) _____ (Cell) _____

I acknowledge that the LaSalle Fire Department is relying on the information given, and I certify that the information on this form is true to the best of my knowledge. I authorize the department to obtain information from any person named above, and I release all concerned from any liability in connection with obtaining and releasing such information. Any false statements will result in removal of application.

Signature of Applicant: _____

Date: _____



LaSalle Fire Department Background Authorized Form

The purpose of this form is to notify you that a criminal and driver's license background check will be ran on you in the course of your consideration of employment with the La Salle Volunteer Fire Department.

Last Name: _____ First Name: _____ Middle: _____

Social Security # : _____

Driver's License Number: _____ State: _____ Exp. Date: _____

Present Address: _____

In connection with this request, I authorize all corporations, former employers, educational institutions, law-enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed. This releases the aforesaid party from any liability and responsibility for collecting the above information.

I authorized the procurement of my Colorado workers compensation files or any other states workers compensation files. I understand that these files may contain negative information about my background, motive living, character, and personal reputation. The authorization, and original or copy form, shall be valid for this and any future reports or updates that may be requested.

Applicant's Signature

Date



LaSalle Fire Protection District Background Questioner

1. Do you hold a current Colorado Drivers License? Yes: _____ No: _____

If no please explain why: _____

2. Have you ever been charged with a felony or misdemeanor? Yes: _____ No: _____

If yes please explain why: _____

3. Have you received a traffic citation in the last 7 years. Yes: _____ No: _____

If yes when and why: _____

I certify that the I have answered these question truthfully to the best of my knowledge and understand that any false information can lead to a release from employment.

Signature: _____

Date: _____