



Kirkwood Volunteer Fire Department  
 Kirkwood Meadows Public Utility District  
 Volunteer Application

**Page one of this application must be completed in full.** Type or print in ink. A resume may be substituted for page 2 of this application. However, you must complete and respond to all information requested on this page

Position Applied For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Are You Currently Employed? \_\_\_\_\_ If So, May We Contact Your Present Employer? \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City State Zip + 4 (9 digits)

Permanent Address: \_\_\_\_\_  
Number and Street City State Zip + 4 (9 digits)

Telephone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

If you have used any other name in the last ten years, list the name(s) and the dates used: \_\_\_\_\_

Do you have a legal right to accept employment in the U.S.?  Yes  No

- Have you ever been convicted of a felony?  Yes  No
- Have you been convicted of a misdemeanor in the last five years?  Yes  No
- Do you presently have charges pending against you for a felony or misdemeanor?  Yes  No

If you answered "yes" to any of the 3 questions above, please explain below:

\_\_\_\_\_  
 \_\_\_\_\_

**Education:**

**High School and Post Secondary Education**

Name and Location of School	Major or Subject Emphasis	Diploma/Degree Received?	Degree Type

**Other Education/Training** (vocational, technical, or other)

Name and Location of School	Subject Emphasis	Cert./Degree Received?	Cert./Degree Type

**Certifications / Licenses:** Please list all relevant certifications and licenses, which you currently hold. (i.e. notary public, electrician, etc) \_\_\_\_\_

**Military Experience:** Please indicate your military status.

Have You Ever Served In The Military?: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

**Activities / Additional Information:** (Civic, Athletic, Academic, etc.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(Exclude organizations, the name or character of which indicates Race, Creed, Sex, Marital Status, Age, Color or National Origin of its Members)

**Employment History:** List your former employers, starting with the last one first. Resume can be substituted for this section of the application.

<b>Job Title</b>	<b>Type of Business</b>
<b>Employer</b>	<b>Address</b>
<b>Supervisor's Name, Title, and Telephone</b>	
Dates of employment: Year / Month _____ to Year / Month _____ Your job duties (be specific): _____	
Reason for leaving:	

<b>Job Title</b>	<b>Type of Business</b>
<b>Employer</b>	<b>Address</b>
<b>Supervisor's Name, Title, and Telephone</b>	
Dates of employment: Year / Month _____ to Year / Month _____ Your job duties (be specific): _____	
Reason for leaving:	

<b>Job Title</b>	<b>Type of Business</b>
<b>Employer</b>	<b>Address</b>
<b>Supervisor's Name, Title, and Telephone</b>	
Dates of employment: Year / Month _____ to Year / Month _____ Your job duties (be specific): _____	
Reason for leaving:	

**References:** Give the names of three persons willing to provide professional and/or character reference for you.

NAME	ADDRESS	Phone Number	YEARS ACQUAINTED

**Applicant Certification** (Please read and sign below.)

I certify that all information provided in this application and any attachments is true. I understand any false statement made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize the Kirkwood Volunteer Fire Department, Kirkwood Meadows Public Utility District or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I may be required to sign separate consent forms for this purpose.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_