



# LEFT HAND FIRE PROTECTION DISTRICT EMPLOYMENT OR VOLUNTEER APPLICATION

## PERSONAL INFORMATION

Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Street Address: \_\_\_\_\_  
Street
City
ST
Zip

Mailing Address: \_\_\_\_\_  
Street
City
ST
Zip

Contact Info: \_\_\_\_\_  
( ) -
( ) -
@  
Home
Cell
E-Mail address

Current Colorado Driver's License #: \_\_\_\_\_  
- -
Exp Date: \_\_\_\_\_  
/ /

Date of Birth: \_\_\_\_\_  
 (Pension Requirement) / /

Present Employer: \_\_\_\_\_  
OK to Contact? Yes   
No 
Phone: \_\_\_\_\_  
( ) -

## EDUCATION INFORMATION

Type	School Name & Location	Years Attended	Year Graduated	Major or Specialty
High School				
College/University				
Other				
Fire Related Education	1. 2. 3.			
Other useful skills or education	(examples: Skills with foreign languages, esp. Spanish, Survival Training, Diving/skilled climber, etc – what will go here)			

Military Service		Rank		Separation	
Present Guard or Reserve				Rank	

Have you ever been convicted of any criminal activity? Yes  No  If "yes", please give details below

REFERENCES (Names of 3 Persons Not Related to you & at least 1 year acquaintance)			
	Name/Company or Affiliation	Phone	Years Known
1.		( ) -	
2.		( ) -	
3.		( ) -	

EMERGENCY CONTACTS Persons to contact in case of emergency				
	Name	Relationship (choose one)	E-Mail Address	Phone
1.				( ) -
2.				( ) -

PHYSICAL RECORD	
Do you have any physical limitation that would restrict your activities as a firefighter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please explain below.	

- I understand and agree to abide by the District's Zero Tolerance Policy concerning the possession or use of controlled substances or alcohol by firefighters responding to a call.
- I agree to inform the officer in charge at any call to which I respond of **any** non-controlled/over the counter substances and prescription drugs I have taken which may impair my ability or judgment to participate in fire suppression operations or operate any machinery or equipment. Such substances may include but are not limited to decongestants, anti-depressants, pain medication.
- I agree to maintain a reasonable level of fitness that will enable me to pass one of the three levels of pack test required annually as part of the District's requirements to qualify for, or maintain, active status.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application may constitute grounds for my dismissal.

I authorize investigation of all statements contained herein and the references listed above, to provide any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result as a result of furnishing such information to Left Hand Fire Protection District.

Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_

FOR DEPARTMENT USE			
Physical Agility Test	Date	____ / ____ / _____	Score _____
Board Review	Date	____ / ____ / _____	Score _____
Probationary Member	Date	____ / ____ / _____	
Active Member	Date	____ / ____ / _____	



Lefthand Fire Protection District  
900 Lefthand Canyon Drive  
Boulder, CO 80302

## TRAINING AND IMMUNIZATION REIMBURSEMENT AGREEMENT

Reimbursement for EMS and Structure Fire training will be made upon the following schedule and conditions:

- 1) First, notify the Chief you wish to take EMT-B, First Responder, PALS, ACLS, IV certification, or Structure Fire Training and get approval.
- 2) It is recommended, and a benefit of membership in Left Hand Fire Protection District (LHFPD), for members to receive the Hepatitis B vaccine. This is also a prerequisite for emergency medical certification. They usually cost \$180 for the full series of 3 shots. LHFPD pays for them up-front.
- 3) Upon proof of successful completion of the class and obtaining the associated certification, you will be eligible for full reimbursement of class tuition plus any extra charges for required class books. Please copy all receipts of the cost of your training and final certification documents and submit them to the Chief.
- 4) You are required to give a minimum of 2 years of active service to LHFPD.  
If you fail to meet this requirement, then you will be required to reimburse LHFPD 100% of the cost of training and immunizations.  
If you have completed at least one year of active service, then you will only be required to reimburse LHFPD 50% of the cost of training and immunizations.
- 5) "Active service" is defined as attending a minimum of 12 hours of monthly medical trainings and 24 hours of monthly fire trainings per year, as well as responding to 33% of calls in the district. Additional training and volunteer activities, such as station and vehicle maintenance, wildfire mitigation activities, etc. can be considered, at the Chief's discretion.
- 6) The period of active service begins when you are issued a pager and station code. This happens at the Chief's discretion, usually soon after you complete your first basic training certification (FR/EMT, Structure, or Wildland.)
- 7) Allowances are considered for extenuating circumstances, on a case-by-case basis. They are at the sole discretion of the Chief. Please submit a letter to the Chief explaining any reasons why you are unable to comply with the above requirements.

It is up to you to maintain your certification and submit proof of training each time you recertify in the area you choose. LHFPD will pay for recertifications and refresher classes that have been approved by the Chief.

I \_\_\_\_\_ have read and agree to the above conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_