



Palisade Fire Department Town of Palisade

175 E 3rd St.
P.O. Box 128
Palisade, CO 81526-0128

TO: All applicants for the Palisade Fire Department.

From: The Chief

Subject: Dedication and Commitment

I thank you for your interest in wanting to become a member of the Palisade Fire Department. This is a small Department that provides fire suppression and EMS (Emergency Medical Service) services to the Palisade and upper Grand Valley area. With your accepted membership into the Department, a number of regulations, procedures, and duties are required by the members to provide a professional high quality service to the community we serve. I know that most people have other priorities, such as job and family's that require time and attention, but there are times when your commitment to the Department takes precedent. Should you decide to make the commitment to help provide the services of this department which requires fire fighting and EMS training, it is mandatory for all to maintain proficiency at job tasks which ensures that each call is mitigated in the safest possible manner and each member goes home to their family uninjured. Some of these training classes may take you away from your home and family on weeknights and weekends. These classes benefit you as well as the Department. While participating in the functions of the department, it is imperative that they are attended with commitment, enthusiasm and loyalty. You must have a trust and friendship with your fellow Fire Department Personal when your life just might depend on that person. This trust and friendship takes years, and not built overnight. If you are only joining to receive training and move on, you are not the type of person this department is looking for. Training takes an immense amount of time and expense to produce a qualified Firefighter/EMT. This application will be held on file for 1 year after date received. As positions become available within the department, you will be notified by letter as to date of interview. After 1 year this application will be destroyed and the applicant will need to reapply.

Please feel free to contact the Fire Chief or any member of the Fire Department for more information and or questions that you may have.

Station (970)-464-7497
Office (970)-464-5602

Thank you,
The Palisade Fire Department



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Employment Application as a Volunteer for the Palisade Fire Department

Applicants Name _____
First Name Middle Name Last Name

Address _____
Number and Street City State Zip Code

Mailing Address _____
Number and Street or P. O. Box City State Zip Code

How many
years at this
current
address?

Previous Address _____
Number and Street City State Zip Code County

How long at this previous address? _____ Email Address: _____

What position are you applying for? Cadet Paid Volunteer

DRIVERS LICENSE Do you have a valid driver's license? Yes No

If Yes, Please give number _____ State _____ Expiration Date _____

Class/Type _____ Endorsements _____

Contact Informaiton:

Residence Phone:(____)____-_____

Business Phone:(____)____-_____

Cell Phone: (____)____-_____

Email: _____

SOCIAL SECURITY NUMBER _____

For Department use only Date application received _____

Date of D/L History report _____ Date of Interview letter _____

Date of Criminal History report _____

Date of Interview _____ Score _____

Date of Physical Ability Test Date _____ Score _____

LIST PROFESSIONAL LICENSES AND CERTIFICATES: List expiration date of licenses or cert.

Attach additional sheets or copies if necessary

EDUCATION AND FORMAL TRAINING:

Do you have a high school diploma? Yes No – list highest grade completed Grade: _____

List name of school and location: _____
School City, State

Do you have a GED certificate? Yes No If yes list name of school and location below.

School City, State

SCHOOL ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED:

College Name and Location	From		To		Fields of Study or Titles of Special Courses	Hours Completed		Certificates or degrees granted
	Mo	Yr	Mo	Yr		Sem	Qtr	
Business or Trade Schools Name and Location	From		To		Subjects	Length of Course		Completed
	Mo	Yr	Mo	Yr		Sem	Qtr	

EMPLOYMENT HISTORY:

List below you work experience, paid or unpaid, beginning with your present or most recent job. Go back at least ten years if have worked that long. Describe each job separately, emphasizing your task and supervisory, technical or other responsibilities. Give special attention to experience relating to the job you are applying. Explain significant breaks in work experience. You must complete this section of the application form. If you do not feel that the space provided for duties is adequate, please attach additional sheets.

(EMPLOYER) _____ (ADDRESS) _____ (YOUR TITLE) _____ (SUPERVISOR'S NAME AND TELEPHONE) _____ MAY WE CONTACT THIS EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	FROM _____ (MONTH) (YEAR) TO _____ (MONTH) (YEAR) TOTAL TIME _____ (YEARS) (MONTHS)
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Reason for leaving _____ PAID UNPAID PART TIME FULL TIME
 DUTIES (Be specific)

_____ (EMPLOYER) (ADDRESS)	FROM _____ (MONTH) (YEAR)
_____ (YOUR TITLE) (SUPERVISOR'S NAME AND TELEPHONE)	TO _____ (MONTH) (YEAR)
MAY WE CONTACT THIS EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL TIME _____ (YEARS) (MONTHS)

Reason for leaving _____ PAID UNPAID PART TIME FULL TIME
 DUTIES (Be specific)

_____ (EMPLOYER) (ADDRESS)	FROM _____ (MONTH) (YEAR)
_____ (YOUR TITLE) (SUPERVISOR'S NAME AND TELEPHONE)	TO _____ (MONTH) (YEAR)
MAY WE CONTACT THIS EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL TIME _____ (YEARS) (MONTHS)

Reason for leaving _____ PAID UNPAID PART TIME FULL TIME
 DUTIES (Be specific)

_____ (EMPLOYER) (ADDRESS)	FROM _____ (MONTH) (YEAR)
_____ (YOUR TITLE) (SUPERVISOR'S NAME AND TELEPHONE)	TO _____ (MONTH) (YEAR)
MAY WE CONTACT THIS EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL TIME _____ (YEARS) (MONTHS)

Reason for leaving _____ PAID UNPAID PART TIME FULL TIME
 DUTIES (Be specific)

SKILLS:

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

Have you been convicted of a felony on or after your eighteenth birthday? (Do not include minor traffic violations or arrests without convictions) Yes No

If yes, please give a short explanation outlining the circumstances of your conviction in the space below. Please indicate date, nature and place of offense and disposition. Convictions are not necessarily disqualifying.

REFERENCES

Give below the names of persons not related to you, whom you have known at least one year.

1 NAME TITLE	ADDRESS PHONE	BUSINESS	YEARS KNOWN
2 NAME TITLE	ADDRESS PHONE	BUSINESS	YEARS KNOWN
3 NAME TITLE	ADDRESS PHONE	BUSINESS	YEARS KNOWN
4 NAME TITLE	ADDRESS PHONE	BUSINESS	YEARS KNOWN

How did you become aware of the need for Firefighters and EMT's? _____

How did you become aware of the Palisade Fire Department and why did you decide to apply with this Department? _____

In addition to this application, the applicant shall provide:

- Résumé
- Drivers license History (obtained from Colorado DMV)
- Copies of Certificates that pertain to the fire service, (i.e. CPR, First Aid, EMT, FF-I.)
- Criminal History Background <https://www.cbirecordscheck.com/Index.asp>

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my employment with the Department terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment.

Signature _____ Date _____

Return applications to: Palisade Fire Department, 175 E 3rd St. P.O. Box 128 Palisade, CO 81526-0128

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

REMARKS _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

RESIDENT OF THE DISTRICT YES NO