

Florissant Fire Protection District
2606 W. Highway 24
PO Box 502
Florissant, Colorado. 80816-0502
Tel: (719) 748-3909
Membership Application
Cover Sheet

The Florissant Fire Protection District (FFPD) requires the following of all employees/volunteers:

- | Item | Initials |
|---|----------|
| 1. Authorization to inquire of an applicant's reference and others concerning the applicant's qualifications and character. | _____ |
| 2. A release of liability benefiting all persons the FFPD contacts Regarding the applicant's background. | _____ |
| 3. Authorization for drug testing prior to, and during employment In accordance with the FFPD Drug Testing Policy. | _____ |
| 4. An acknowledgement that employment is at-will and, thus, that Termination may be at any time with or without cause, prior notice, Or appeal and that only the Board can change the at-will relationship. | _____ |
| 5. All employee's/volunteers must state any past criminal Convictions relevant to the position sought. | _____ |
| 6. The applicant agrees to abide by the rules, regulations and policies of The Department as well as those of the Florissant Fire Protection District And acknowledge that the same may be changed at any time. | _____ |
| 7. The applicant has the necessary licenses and insurance to meet the State's requirements for the position sought, a copy of which will be Maintained in the Department's files. | _____ |
| 8. The Applicant agrees to notify the Department Chief of any changes Regarding licenses or insurance. | _____ |
| 9. EMS applicants acknowledge they have read and understand the Colorado Functional Position Statement. (Attached). | _____ |

The Application is true and complete to the best of my knowledge and belief. I Understand that falsification of any information contained herein is grounds for Termination at any time.

Applicant's Signature: _____ Date: _____

Date: _____