



Crystal Park Fire Department Application for Membership



Name: _____ Birth Date: ____/____/____
 Address: _____ Cell Ph. _____
 City/Zip: _____ Work Ph. _____
 Email Address _____ Home Ph. _____
 Position Applying For // Firefighter (Structure/Wildland) // EMS // Engineer/Driver //
 Do you have a current valid Driver's License? Yes ___ No ___
 Driver License Number: _____ State: _____ Expiration Date: _____

Employment: List employer(s) for past 5 years.

Current Employment: _____
 Employer: _____
 Address: _____
 Supervisor: _____ Phone: _____
 Work Shift: _____
 (Weekdays only, nights, weekends, shifts, etc)
 Dates: From _____ To _____
 Can you leave your job to respond to an emergency call? _____

Previous Employment: _____
 Employer: _____
 Address: _____
 Supervisor: _____ Phone: _____
 Dates: From _____ To: _____

Previous Fire Department and/or Emergency Medical Experience:

Agency Name: _____
 Address: _____
 Position: _____
 Supervisor: _____
 Dates: From _____ To: _____

Agency Name: _____
 Address: _____
 Position: _____
 Supervisor: _____
 Dates: From _____ To _____

Personal Information:

Are you a US citizen? Yes ___ No ___
 Years lived in Colorado Springs area: _____
 Marital Status: Single ___ Married ___ Spouse's Name _____
 Emergency Contact/Phone _____
 Previous Address (if less than 3 years at present address): _____

 City/Zip: _____

Skills and Experience – Do you have skills and/or experience that you believe would benefit the CPF? Truck driving, welding, auto repair, mechanical, pumps, technical, etc..

Education:

High School Name/Location: _____
Graduate? _____ If yes, year: _____ If no, GED? _____

College Name/Location: _____
Major: _____ Graduate? _____ Degree: _____

College Name/Location: _____
Major: _____ Graduate? _____ Degree: _____

EMT Certified? Yes: ___ No: ___ State: ___ Expiration Date: ___ Level: _____

CPR Certified? Yes: ___ No: ___

Firefighter I or II ? Yes: _____ No: ___ State: _____ Expiration Date: _____

Other Fire or Medical Training: _____

Medical History:

Height: _____ Sex: Male _____ Female _____

Weight: _____ Blood Type: _____

Allergies: _____ Medications: _____

Do you have any physical conditions, medical history, previous workers comp, or history of mental conditions that could limit your performance as a firefighter or medical care provider?
If yes, describe: _____

Legal:

Have you ever been convicted of a felony? Yes ___ No ___

If yes, describe: _____

Have you ever been convicted of a misdemeanor or traffic violation? Yes ___ No ___

If yes, describe: _____

Note: Existence of a criminal record does not automatically disqualify you.

I specifically grant the Crystal Park Fire Department permission to obtain my driving record and my criminal history. Further, I certify that all of the information furnished on this form is true, complete, and correct to the best of my knowledge. I understand that all information is subject to verification by the Crystal Park Fire Department. False information is cause for rejection of my application.

Signature: _____ **Date:** _____

Notice to Applicants: The CPF reserves the right to request a background check from the Colorado Bureau of Investigation upon receipt of this application.

For Department Use Only:

Date accepted as probationary member: _____

Date accepted as full member: _____

Date rejected: _____

Reason for rejection: _____