



Brighton Fire Rescue District Application for Employment

Unless expressly modified by a written employment agreement, individuals hired by the Brighton Fire Rescue District ("District") are "at-will" employees, meaning they may quit without prior notice at any time for any or no reason; similarly, the District may terminate an employee at any time for any or no reason, subject only to the requirements of federal, state, or local law. Nothing in this application alters an individual's at-will employment.

The District will rely upon the truthfulness and completeness of the information you provide in this application. Any false or misleading information in, or material omission of information from, this application may result in your not being hired, or immediate termination of your employment at any point in the future if you are hired.

The District fully supports, and complies with, all applicable federal, state, and local laws relating to the hiring and employment of individuals. The District will not discriminate against an applicant on the basis of his or her status in any class or group protected by federal, state or local law.

By signing this application, you are acknowledging you have read, fully understand, and agree to the statements contained in this section.

INSTRUCTIONS TO THE APPLICANT: We deeply appreciate your interest in employment with the District. The District will not consider your application until this has been completed in its entirety. Thank you for taking the time to complete this application.

General Information

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| Position Applied For: | Date of Application: |
| Last Name | First Name |
| Address | City State Zip |
| Telephone/Cell Phone Number | Email Address |
| When are you available to begin employment? | |

Education

High School or GED Completion: YES NO

Certifications

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| Describe any job-related certifications if not listed on your resume: |
| State any additional information you feel may be helpful to us in considering your application: |

Questionnaire

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| Can you perform the essential functions of the job with or without reasonable accommodation? <i>Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.</i> Yes No If no, please describe: |
| Are you legally eligible for employment in the U.S.? <i>Proof of eligibility to work in the U.S. will be required upon employment for all applicants.</i> Yes No |
| Are you over the age of eighteen? Yes No |
| Have you ever been employed by, or provided volunteer services to, the District before? Yes No If yes, what dates? |
| Do you know anyone who works for the district? Yes No If yes, please provide name and relationship: |
| Have you ever been fired or asked to resign from a job? Yes No If yes, please explain: |
| Have you been convicted of a crime (other than a minor traffic offense) within the last five years? "Convicted" means a final judgment on a verdict or a finding of guilty, or a plea of no contest in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. A record of criminal conviction(s) will not necessarily disqualify you from employment. Yes No If yes, please explain: |
| POST-CONDITIONAL OFFER DRUG & ALCOHOL TESTING By signing this application, you acknowledge that you will be required to undergo a drug/alcohol test if the District makes a conditional offer of employment to you. You further acknowledge and agree that if you fail, or refuse to submit to, the drug/alcohol test, you will not be eligible for employment with the District. You further understand that certain over-the-counter medications or prescribed drugs may result in a positive test result and agree that you will disclose over-the-counter medications or prescribed drugs you are currently taking or have taken within the past thirty (30) days. You further agree to sign and submit to the District the attached Post-Conditional Offer Consent to Drug & Alcohol Testing and Authorization to Release Medical Information. |

If you are applying for a position requiring a driver's license, please complete this section:

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| Do you have a valid driver's license? Yes No |
| Have you had your driver's license suspended or revoked in the last 5 years? Yes No If yes, please give details: |
| Have you been convicted of, or plead no contest to, Driving Under the Influence (DUI) or Driving With Ability Impaired (DWAI), or a comparable conviction under the laws of any other State, in the last 10 years? Yes No If yes, please give details: |

Applicant's Certification and Signature

I have carefully read this Authorization and voluntarily agreed to its terms and conditions.

I certify that the answers given in this application, including any documentation submitted with or in connection with this application, are true and complete.

Signature _____ Date _____