DAISY MOUNTAIN FIRE & MEDICAL
HONORABLE • COMPASSIONATE • EXCEPTIONAL

DAISY MOUNTAIN FIRE DISTRICT
EMPLOYMENT APPLICATION

APPLICATION INSTRUCTIONS:

Read the job description and answer all questions completely, including any supplemental questionnaire forms. Type or print all answers. Sign this application and all other forms. Resumes may not be substituted in lieu of the requested information. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or dismissal from DMFM. DMFM is not responsible for applications that are not received by the deadline, are incomplete, or illegible.

GENERAL INFORMATION

Position Applying For: _____

Name (Last, First, MI): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Alt. Telephone: _____ Email: _____

Do you have a legal right to work in the U.S.? ☐ Yes ☐ No

All new hires will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with their first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.

DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification
☐ Yes ☐ No			☐ Yes ☐ No	
List any CDL endorsements:				

Do you have a High School Diploma or a G.E.D.? ☐ Yes ☐ No

EDUCATION INFORMATION

Name of High School / College University	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Professional Registrations, Licenses, and/or Certifications *that relate to this position:* (use additional pages if necessary)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date: (if applicable)

Specialized Certifications and additional information required for specific field positions:

	Cert Number	Type	Expiration Date
EMT CERT:		State National	
MEDIC CERT:		State National	

List any specialized Training, Certification and Skills:

_____

_____

_____

Are you a Veteran or qualified spouse of a Veteran? ☐ Yes ☐ No **(Please attach DD214)**

Branch of Service: _____ **Date of Discharge:** _____

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include any experience prior to ten years ago that relates to the position. Your qualifications will be evaluated on the information provided on this application form and, if applicable, any supplemental questionnaire forms.

PLEASE NOTE: RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION!

Position Title:	**Employment Dates: (Mo/Yr)** From:	To:
Employer:	Phone #:	
Address:	City:	State:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer?	☐**Yes**	☐**No**
Reason for leaving:		

Position Title:	**Employment Dates: (Mo/Yr)** From:	To:
Employer:	Phone #:	
Address:	City:	State:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer?	☐**Yes**	☐**No**
Reason for leaving:		

Position Title:	**Employment Dates: (Mo/Yr)** From:	To:
Employer:	Phone #:	
Address:	City:	State:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer?	☐**Yes**	☐**No**
Reason for leaving:		

Position Title:	**Employment Dates: (Mo/Yr)** From:	To:
Employer:	Phone #:	
Address:	City:	State:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer? ☐**Yes** ☐**No**		
Reason for leaving:		

Have you ever been terminated, discharged, or resigned in lieu of termination, due to misconduct or unsatisfactory service?

☐Yes ☐No If yes, please name the employer, explain the circumstances, and date (mo/yr).

_____

_____

_____

CRIMINAL HISTORY

Have you EVER been arrested, charged, or convicted of a misdemeanor or felony; placed on probation; fined or given a suspended sentence at the federal, state, local, and/or military level?

- Applicants are required to report **all** misdemeanor/felony arrests and/or convictions; and **MUST** report even if the conviction was vacated, set aside, or expunged.
- Note that a conviction does not necessarily bar someone from employment. Each case is considered individually and based on job requirements, employer policies and Fire Chief, or designee, discretion.

☐Yes ☐ No List all legal matters below; past or pending-in any court or jurisdiction where you have been accused of violating the law.

DATE	CHARGE	CITY/COUNTY/STATE	POLICE AGENCY	DISPOSITION

PLEASE READ THE FOLLOWING STATEMENTS AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from Fire District employment.
- I understand that all documents requested and/or submitted, such as but not limited to, a cover letter, resume, certifications, and reference letters, are a part of the total application packet. Failure to submit all required documents shall cause my application to be eliminated from consideration.
- I also authorize the Daisy Mountain Fire District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that any offer of employment will be conditional upon the results of a criminal background investigation and a Driver's License check.
- I understand that any offer of employment will be conditional upon the successful completion of a physical examination(s) and a drug(s) screening test.
- I understand that my employment is at will, that the terms and benefits provided to me do not constitute any contractual relationship between myself and the District, is for no definite period of time and is terminable by myself or the District with or without notice or cause. No oral statements or representations made either before or during employment can change or modify this non-contractual and at-will relationship.
- If employed, I authorize the District to deduct from my earnings, amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not limited to, damage to or loss of District property, group insurance premiums, uniform costs, lost tools, equipment, supplies as well as tuition reimbursement.
- I understand that in consideration for my employment, I agree to comply with all federal, state and local laws, as well as District policies, procedures, rules/regulations and guidelines, which may be changed from time to time.
- If employed, I authorize the District to deduct from my earnings, amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not limited to, damage to loss of District property, group insurance premiums, uniform costs, lost tools/equipment/supplies, and tuition reimbursement.
- I understand that this application will remain active only for the job opening for which I have applied and will become inactive upon completion of the associated hiring process.
- I understand that it is my responsibility to keep the Fire District advised of any changes of address and/or phone number. I have read the above, understand its content and meaning, and agree to all of its provisions.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

It is the policy of Daisy Mountain Fire District to grant equal employment opportunity to all persons in all terms, conditions, and privileges of employment without regard to race, creed, color, sex, religion, national origin, age, marital status, physical/mental disability or veteran status.

DAISY MOUNTAIN FIRE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Rev. 9/2026

Employment Applicant
Information Release Waiver

I voluntarily and knowingly authorize, for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Bureau of Criminal Apprehension, personal reference, and/or other persons or organizations, to give record of information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, general reputation, character, and any other information requested to Daisy Mountain Fire District and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the Daisy Mountain Fire District.

Applicant Name: _____

Applicant Signature: _____

Date: _____