

MONUMENT FIRE DISTRICT
19775 Mitchell Avenue
Monument, CO 80132
(719) 484-0911
www.monumentfire.org
Proudly serving the Tri-Lakes Region



Andy Kovacs, Fire Chief

Personal Information

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

Email address: _____

Authorized to work in United States? Yes No

Please read the attached job description for the position for which you are applying. Can you, with or without reasonable accommodation, perform the essential functions of the job? Yes No

Family Profile

List all immediate living family members including father, mother, brother, sister.

1. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

2. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

3. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

4. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

5. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

6. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

7. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

8. Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name (if applicable) _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

Educational History

High Schools:

Name and Address of School

Graduated

1. _____ Yes No

2. _____ Yes No

3. _____ Yes No

4. _____ Yes No

Colleges:

1. _____ Yes No

2. _____ Yes No

3. _____ Yes No

4. _____ Yes No

5. Have you completed two (2) years of study in fire techniques for a total of four (4) high school credits?

Yes No

List any professional license or certificates you hold or have:

Do you possess a valid Driver's License? Yes No

As a driver, have you ever been involved in a traffic accident? Yes No

If yes, please explain: _____

Has your license ever been suspended, revoked, or placed on probation? Yes No

If yes, please explain: _____

Residences

List your addresses for the last ten years, starting with your present address first:

Address	Start date (MO/YR)	End date(MO/YR)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

4.

Military Service

- Have you ever served in any branch of the United States Armed Forces? Yes No
- Are you now or were you ever a member of the US Reserve Forces? Yes No
- You ever a member of the National Guard? Yes No

Criminal History

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of any of the following crimes as either misdemeanors or felonies?

- Homicide Yes No
- Manslaughter Yes No
- Robbery Yes No
- Burglary Yes No
- Fraud Yes No
- Kidnapping Yes No
- Forgery Yes No
- Money Laundering Yes No
- Solicitation of a Child Yes No
- Criminal Sexual Abuse Yes No
- Criminal Sexual Assault Yes No
- Aggravated Criminal Sexual Assault Yes No
- Aggravated Criminal Sexual Abuse Yes No
- Adultery Yes No
- Public Indecency Yes No
- Prostitution Yes No
- Soliciting a Prostitute Yes No
- Keeping a place of Prostitution Yes No

Patronizing a Prostitute	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pimping	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Juvenile Pimping	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Exploitation of a Child	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Aggravated Assault	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Intimidation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Theft	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Institutional Vandalism	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mob Action	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Obstructing Justice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Perjury	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Suborning Perjury	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tampering with Public Records	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Keeping a Gambling Place	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eavesdropping	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Damage of Employer Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Defacement of Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Firearms Possession	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Defacing ID Marks of Firearms	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resisting/Obstructing a Police or Correctional Officer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Escape/Failure to Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Aiding Escape	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compounding a Crime	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communicating with Jurors/Witnesses	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Employment History

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever taken a Civil Service Exam (Police or Fire) Yes No

If yes, please explain _____

Are you now or have ever been in any business as an owner, partner, or officer? Yes No

List all the jobs you have held for the last ten years. Please put your most recent job first. Be sure to include military service and/or periods of unemployment in the sequence.

1. Employer's Name: _____ Address: _____

Name and Title of Supervisor: _____ Supervisor's Phone Number: _____

Start Date (MO/YR) _____ End Date (MO/YR) _____

Salary: _____ Title or Position: _____

What were some of your duties? _____

_____ Reason for Leaving? _____

2. Employer's Name: _____ Address: _____

Name and Title of Supervisor: _____ Supervisor's Phone Number: _____

Start Date (MO/YR) _____ End Date (MO/YR) _____

Salary: _____ Title or Position: _____

What were some of your duties? _____

_____ Reason for Leaving? _____

3. Employer's Name: _____ Address: _____

Name and Title of Supervisor: _____ Supervisor's Phone Number: _____

Start Date (MO/YR) _____ End Date (MO/YR) _____

Salary: _____ Title or Position: _____

What were some of your duties? _____

_____ Reason for Leaving? _____

4. Employer's Name: _____ Address: _____

Name and Title of Supervisor: _____ Supervisor's Phone Number: _____

Start Date (MO/YR) _____ End Date (MO/YR) _____

Salary: _____ Title or Position: _____

What were some of your duties? _____

_____ Reason for Leaving? _____

5. Employer's Name: _____ Address: _____

Name and Title of Supervisor: _____ Supervisor's Phone Number: _____

Start Date (MO/YR) _____ End Date (MO/YR) _____

Salary: _____ Title or Position: _____

What were some of your duties? _____

_____ Reason for Leaving? _____

Acquaintances/References

1. Last Name: _____ First Name: _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

Occupation or Profession: _____ Relationship: _____

Years Known: _____

2. Last Name: _____ First Name: _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

Occupation or Profession: _____ Relationship: _____

Years Known: _____

3. Last Name: _____ First Name: _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

Occupation or Profession: _____ Relationship: _____

Years Known: _____

4. Last Name: _____ First Name: _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Mobile Telephone: _____

Occupation or Profession: _____ Relationship: _____

Years Known: _____

Person to Notify in case of an emergency:

1. Last Name: _____ First Name: _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mobile Telephone: _____ Relationship: _____

2. Last Name: _____ First Name: _____

Present home street address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mobile Telephone: _____ Relationship: _____