

**MONUMENT FIRE DISTRICT**  
16055 Old Forest Point, Suite #102  
Monument, CO 80132  
(719) 484-0911  
www.monumentfire.org  
*Proudly serving the Tri-Lakes Region*



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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: \_\_\_\_\_