Employment Application



264 County Road 179, Westcliffe, CO 81252 PH:303-945-5610 EMAIL: operations@firetrax.us

		Applica	nt Information				
Full Name:	Last	First		M.I.	Date:		
Address:	Street Address			Apartment/Unit #			
	City			State	ZIP C	ode	
Phone: ()		E-mail address:				
Date Availab	ole: S	Social Security No.:		_ Desired Salary	: \$		_
Position App	olied for:	YES NO					
Are you a ci	tizen of the United States	s? 🗌 🖺	If no, are you auth	orized to work in th	ne U.S.?	YES	NO
Have you ev	ver worked for this compa		If yes, when?				
Have you ev	ver been convicted of a fe	elony?					
If yes, expla	in:						
		Ec	ducation				
High Scho	ol:	Address	S:				
From:	To:	Did you graduate	YES NO	Degree:			
College:		Address	S:				
From:	To:	Did you graduate	YES NO	Degree:			
Other:		Address	S:				
From:	To:	Did you graduate	YES NO	Degree:			
		Re	ferences				
Please list t	three professional refere	ences.					
Full Name:			Relationship:				
Company:				Phone: ()		
Address: _			·				
Full Name:			Relationship:				
Company:				Phone: ()		<u></u>
Address:							
Full Name:	ss:						
Company:			•	Phone: (
Address:				·			

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Previous	Employment						
Company:	Phone: ()						
Address:	Supervisor:						
Job Title: Starting S	alary: \$ Ending Salary: \$						
Responsibilities:							
From: To: Reason for Lea	aving:						
May we contact your previous supervisor for a reference?	YES NO						
Company:	Phone: ()						
Address:	Supervisor:						
Job Title: Starting S	alary: \$ Ending Salary: \$						
Responsibilities:							
From: To: Reason for Lea	aving:						
May we contact your previous supervisor for a reference?	YES NO						
Company:	Phone: ()						
Address:	Supervisor:						
Job Title: Starting S	alary: \$ Ending Salary: \$						
Responsibilities:							
From: To: Reason for Lea	aving:						
May we contact your previous supervisor for a reference?							
Militar	y Service						
Branch:	From: To:						
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:	Date:						