



## **FIRE CHIEF APPLICATION**

CWH Research Inc  
Attn: Rockford Fire Chief  
9360 Teddy Lane, Suite 203  
Lone Tree, CO 80124

APPLICANT NAME: \_\_\_\_\_

The information you provide in this appointment application will be used to complete your background investigation and in determining your suitability for the position you are applying for. Please complete the questionnaire keeping in mind that:

- Completion of the entire Appointment Application is mandatory.
- All statements and representations are subject to independent verification.
- Inaccuracies or incomplete statements may cause your application to be rejected and your name to be removed from further consideration.
- All time periods in your background must be accounted for.
- Include both day and night telephone numbers for all references you list.

It is to your advantage to be timely and open in your response. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence and its degree of relevance to the position you are applying for. The investigating official will inquire into facts surrounding the occurrence. Any evaluation will then be made on the relevance of these facts to the requirements of the position.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. Do not leave any portions blank. If you need more space than provided to respond to the question, use the reverse side of the page and identify the additional information by the question number.

The City of Rockford, the City of Rockford's Board of Fire & Police Commissioners and the Rockford Fire Department are Equal Opportunity Employers. Applicants are considered for positions for which they have applied without regard to race, religion, sex, age, national origin, disability and other characteristics protected by applicable federal, state or local law.



**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 (Print) Last                                      First                                      Middle                                      Social Security #

Other names (including nicknames, maiden names, former married names, name changes resulting from adoptions, court actions, or other such matters) you have used or been known by: \_\_\_\_\_  
 \_\_\_\_\_

Have you used any other Social Security Numbers (SSN) in the past? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If "Yes", please explain in detail and list: \_\_\_\_\_  
 \_\_\_\_\_

Present address: \_\_\_\_\_  
 Street Address                                      City                                      State                                      Zip

Please list all addresses you have lived at for the last 10 years: (Attach additional sheets if necessary)

Number	Street	City	State	Zip

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Have you ever been convicted of, or pleaded guilty to, any federal or state felony or any federal or state misdemeanor involving dishonesty? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "Yes", please explain in detail, and include the jurisdiction (state, county, and city) in which records relating to the offense may be located: \_\_\_\_\_

**EDUCATION/CERTIFICATIONS**

Type of School	Name, City & State	Years Attended From/To	Circle Highest Year Completed	Diploma, GED or Degree	List Degree and/or Area of Concentration
High School			9    10 11   12	Yes___ No___	
College (Undergrad)		To	1    2 3    4	Yes___ No___	
		To	1    2 3    4	Yes___ No___	
College (Grad)		To	1    2 3    4	Yes___ No___	
EMT-B/Paramedic		To		Yes___ No___	



**MOTOR VEHICLE OPERATION**

An investigation of your driving history will be made. To expedite this procedure, please supply the following information:

Do you have a valid Driver’s License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver’s License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Name as it appears on license: \_\_\_\_\_

Has any license ever been suspended, revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, please explain (include when, where and why):

\_\_\_\_\_  
 \_\_\_\_\_

Nature of Violation	Location	Approximate Date	Fine or Other Action on Driver’s License

Have you ever been convicted of, or pleaded guilty to, a traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of, or pleaded guilty to, DUI/DWI? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, please explain in detail, and include the jurisdiction (state, county, and city) in which records relating to the offense may be located:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever failed to appear, failed to pay fines or failed to comply for any traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Do you currently have automobile insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “No”, please explain:

\_\_\_\_\_  
 \_\_\_\_\_



**EMPLOYMENT HISTORY**

Please duplicate this page if necessary to account for all work experiences for at least the past 10 years. Start with your present or last job. Include any job-related military service assignments and volunteer activities. Account for all periods of time, including unemployment. You may exclude organizations, which indicate race, color, religion, gender, national origin, age, disabilities or other protected status.

Present or Most Recent Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title:			
Supervisor's Name & Title:			
Reason for Leaving:			
Present or Most Recent Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title:			
Supervisor's Name & Title:			
Reason for Leaving:			
Present or Most Recent Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title:			
Supervisor's Name & Title:			
Reason for Leaving:			

Have you ever been fired from a job or asked to resign?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If "Yes", please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**PERSONAL & PROFESSIONAL REFERENCES**

Do you currently have any relatives working for Rockford Fire Department? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please list name and relationship: \_\_\_\_\_

List as references, six individuals not related to you by blood or marriage who have knowledge of you and your qualifications for the position you are seeking.

Name of Acquaintance	Address/City/State/Zip	Telephone Numbers D=Day N=Night



**AFFIDAVIT, CONSENT AND RELEASE**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this application for appointment is true and complete. I understand that any false information or omission may disqualify me from further consideration for appointment to the position of Fire Chief with the Rockford Fire Department and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements and representations contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release all such persons and organizations from any legal liability in making such statements to CWH Research, the City of Rockford Administration, or the City of Rockford's Board of Police and Fire Commissioners.

I understand I will be required to successfully pass a background investigation (criminal and employment) and a drug screening. I hereby consent to a pre-appointment drug screen as a condition of appointment.

I understand that if I am extended an offer of appointment it may be conditioned upon successfully passing a complete pre-appointment physical examination, psychological examination and physical agility examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements made by anyone at CWH Research, the City of Rockford Administration, or the City of Rockford's Board of Police and Fire Commissioners, or subsequent appointment does not create an express or implied contract of appointment nor guarantee appointment for any definite period of time. Only the City of Rockford's Board of Fire and Police Commissioners ("Board") has the authority to enter into an agreement of appointment for any specified period and any such agreement must be in writing, signed by the Commissioners and the appointee. If appointed, I understand that I have been hired at the will of the employer and my appointment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature below, consent to the above statements and releases of liability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION DISCLOSURE**

As an applicant for appointment, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the City of Rockford, the Rockford Fire Department and/or the City of Rockford’s Board of Fire & Police Commissioners may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for appointment, (2) making a decision whether to offer you appointment, (3) deciding whether to continue your appointment (if you are appointed), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as City of Rockford, the Rockford Fire Department and/or the City of Rockford’s Board of Fire & Police Commissioners.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for appointment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, person characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize CWH Research acting on behalf of the City of Rockford’s Board of Fire & Police Commissioners to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for appointment to the position of Fire Chief with the Rockford Fire Department. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth



### PERMISSION FOR RELEASE OF MOTOR VEHICLE RECORDS

I hereby authorize the release of my Motor Vehicle Records from the State of \_\_\_\_\_.

For those with a Colorado Driver’s License: Colorado Motor Vehicle Records are maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver’s Privacy Protection Act (18 USC 2721) and Colorado law (42-72-204, 42-1-206, 42-3-125 CRS). Record information available at Drivers License offices and 1881 Pierce St. All other requests available only at 1881 Pierce St., Lakewood, CO.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_

State Driver’s License Issued: \_\_\_\_\_ License Type: \_\_\_\_\_

Purpose for which records are released: \_\_\_\_\_

Requestor’s Name: Thomas J. Carnahan, Ph.D

Company: CWH Research, Inc

Address: 9360 Teddy Lane, Suite 203

City: Lone Tree State: Colorado Zip: 80124



### EEO INFORMATION FORM

This page will be separated from the rest of the appointment application when it is received by the Human Resources Department. The information provided will have no bearing upon consideration for appointment. The information is only used to assist us in complying with Federal Equal Employment Opportunity record keeping and reporting requirements. Rockford Fire Department considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status. We are an Equal Opportunity Employer.

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

***Race or Ethnic Identity: Optional Information***

White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Black \_\_\_\_\_