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CITY OF FOUNTAIN FIRE DEPARTMENT

# Job Interest Card

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

Position: \_\_\_\_\_

Mr. \_\_\_\_ Ms. \_\_\_\_

Full Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

High School Diploma or G.E.D. equivalent? \_\_\_\_ Yes \_\_\_\_ No

College Diploma? \_\_\_\_ Yes \_\_\_\_ No Total College Hours: \_\_\_\_

Certified Colorado State Firefighter? \_\_\_\_ Yes \_\_\_\_ No

Certified Colorado State EMT? \_\_\_\_ Yes \_\_\_\_ No

Veteran: \_\_\_\_ Yes \_\_\_\_ No

# of Years of Active Military Service (if applicable): \_\_\_\_\_

Current Employment: \_\_\_\_\_

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This is not an application, only a statement of your interest in a position. You are not considered an applicant being processed UNTIL a formal application is completed at the request of the City of Fountain.