

Adams County Fire Protection District is currently accepting applications for the position of ***Data Analyst***. Candidates must be self-motivated and able to work within the public service environment. This position starts at \$60,000.00 and may vary dependent upon qualifications and experience.

The position requires a minimum of:

Associates in related field and a minimum of three years of experience in data systems and analytics Preferred:

Please follow the link below to view the full job description and obtain an application.

Send application, resume, and supporting certifications to mrossback@sacfd.org

This job posting will be open from 11.15.2018 until 12.15.2018

www.acfpd.org



JOB OPENING ANNOUNCEMENT

8055 N. Washington Street
Denver, CO 80229
303.539.6800

****Please read this announcement in its entirety. If qualifications are not met application will be denied. ****

Adams County Fire Protection District is currently accepting applications for the position of **Data Analyst**. Candidates must be self-motivated and able to work within the public service environment. This position starts at \$60,000.00 and may vary dependent upon qualifications and experience.

MINIMUM QUALIFICATIONS/ REQUIREMENTS:

- Associates in related field and a minimum of three years of experience in data systems and analytics;
- Ability to communicate effectively orally and in writing;
- Must possess the ability to deliver technical, analytical and business information in an effective manner;
- Ability to utilize, manage and streamline specialized computer software including but not limited to Microsoft Office Suite (Including PowerPoint and Access), Adobe Professional, and database systems;
- Ability to establish and maintain effective working relationships with peers, and supervisors;
- Organizational skills are necessary;
- The ability to analyze and succinctly report data information including modality, reliability, trending, compliance, in holistic business operations information;
- This position requires drug testing and background check (which may include criminal check, education verification, etc.) prior to employment



JOB OPENING ANNOUNCEMENT

DESIRED:

- Graduation from a four year accredited college or university in related field or additional experience in lieu of education;

PHYSICAL DEMANDS AND WORKING CONDITIONS

****The physical demands herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these essential job functions.****

Required to sit at a desk and talk or listen; occasionally required to walk; use hands to handle or feel objects, tools or controls; and reach with hands and arms. Work requires close vision to read and write; work on a personal computer; and to use a printer or copy machine. May occasionally lift and/or move up to 25 pounds.

Work Environment

The work environment is characteristic of office work and is representative of conditions encountered while performing the essential functions of this position. The noise level is moderately quiet in an office environment. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

TYPICAL TASKS

- Maintain master and archive files for agency written directives;
- Gather, organize, and edit written documents in an easily accessible, consistently flowing manner;
- Provide statistical research and evaluation for the entire organization;



JOB OPENING ANNOUNCEMENT

- Create and distribute analysis information utilizing business intelligence, geographic information systems, data query systems, and other reporting technologies;
- Create and organize the District's data structures, data interface capabilities, and data sources;
- Assist the District in fire service accreditation and report on operational and strategic initiative effectiveness and progress;
- Evaluate the software packages that the district uses to store business data and present ways to enhance collection interfaces, implement new technological solutions, and ways to increase data collection and dissemination efficiencies to staff;
- Assist with any other related task as is necessary or requested

All qualified applicants should send the following:

- Application
- Cover Letter
- Resume
- Three References

The above-mentioned documents should be sent to the following email address:

mrossback@sacfd.org



ADAMS COUNTY FIRE PROTECTION DISTRICT

8055 NORTH WASHINGTON STREET - DENVER, COLORADO 80229

Phone 303-539-6800

www.acfpd.org

APPLICATION FOR EMPLOYMENT

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

Unless expressly modified by a written employment agreement, individuals hired by the Adams County Fire Protection District (“District”) are “at-will” employees, meaning they may quit without prior notice at any time for any or no reason; similarly, the District may terminate an employee at any time for any or no reason, subject only to the requirements of federal, state or local law. Nothing in this application alters an individual’s at-will employment.

The District will rely upon the truthfulness and completeness of the information you provide in this application. Any false or misleading information in, or material omission of information from, this application may result in your not being hired, or immediate termination of your employment at any point in the future if you are hired.

The District fully supports, and complies with, all applicable federal, state and local laws relating to the hiring and employment of individuals. The District will not discriminate against an applicant on the basis of his or her status in any class or group protected by federal, state or local law.

By signing this application, you are acknowledging you have read, fully understand and agree to the statements contained in this section.

INSTRUCTIONS TO THE APPLICANT: We deeply appreciate your interest in employment with the District. This is an electronic fillable form, so please complete all the fields before printing. If you are having difficulty, you may print the blank form and complete it by hand by clearly printing in black or blue ink. Answer each question fully and accurately. The District will not consider your application until all of the questions have been answered and it has been signed and dated in all required locations. Thank you for taking the time to complete this application.

Position Applied For: _____ Date of Application: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Alternative Phone: _____

Social Security Number (optional): _____

You will still be considered for employment if you choose not to include your Social Security Number on this form. Your Social Security Number will be required on other forms prior to employment.

Can you perform the essential functions of the job with or without reasonable accommodation?

Yes No

Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.

If No, please describe:

Are you legally eligible for employment in the U.S.? *Proof of eligibility to work in the U.S. will be required upon employment for all applicants.*

Yes No

Are you over the age of twenty-one? Yes No

Have you ever been employed by, or provided volunteer services to the District before?

Yes No

If Yes, give dates:

Do you know anyone who works or volunteers at the District? Yes No

If Yes, please provide name and relationship:

Have you ever been fired or asked to resign from a job? Yes No

If Yes, please explain:

Have you been convicted of a crime (other than a minor traffic offense) within the last five years?
"Convicted" means a final judgment on a verdict or a finding of guilty, or a plea of no contest in any state or federal court of competent jurisdiction in a criminal case, regardless whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. *A record of criminal conviction(s) will not necessarily disqualify you from employment.*

Yes No

If yes, please explain:

EMPLOYMENT EXPERIENCE AND REFERENCES

Start with your present or last job and explain any significant gaps in time. Include any job related military service assignments and volunteer activities. **THIS SECTION MUST BE COMPLETED**

Are you currently employed? Yes No

Name of Employer: _____

Address of Employer: _____

Job Title: _____

Name of Supervisor: _____

Date of Employment: _____

Hourly Rate/Salary: _____

Work Performed: _____

Reason for Leaving: _____

Name of Employer: _____
Address of Employer: _____
Job Title: _____
Name of Supervisor: _____
Date of Employment: _____
Hourly Rate/Salary: _____
Work Performed: _____
Reason for Leaving: _____

Name of Employer: _____
Address of Employer: _____
Job Title: _____
Name of Supervisor: _____
Date of Employment: _____
Hourly Rate/Salary: _____
Work Performed: _____
Reason for Leaving: _____

Employment gap explanation:

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL BACKGROUND

High School Diploma or GED? Yes No

High School (or GED) Name: _____ Location: _____

College/University Name: _____ Degree Obtained: _____

Describe Course of Study: _____

College/University Name: _____ Degree Obtained: _____

Describe Course of Study: _____

College/University Name: _____ Degree Obtained: _____

Describe Course of Study: _____

Describe any job related certifications:

Describe any additional information you feel may be helpful to us in considering your application:

DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

Driver's License #: _____ Class: _____ State: _____

Have you had your driver's license suspended or revoked in the last 5 years? Yes No

If Yes, give details:

ADAMS COUNTY FIRE PROTECTION DISTRICT

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

I understand that in connection with the application process, the Adams County Fire Protection District (“District”) may request information from my past employers, volunteer organizations, educational institutions, and personal references, and that such investigation may include a review of any criminal records and driving record. I have provided complete and truthful information to the District regarding all sources of information about my past employment/volunteer service, education, licensure, driving record, criminal conviction record, as well as any information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist the District in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the District regarding my previous employment and volunteer services, and authorize all past employers and volunteer organizations, or agents they may designate, to respond to the District’s verbal or written inquiries regarding my employment/volunteer services, including, but not limited to, positions held, dates of employment/volunteer services, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonestly, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational or vocational institutions I have attended, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees or other certificates conferred.

3. I authorize and consent to the District, or its agent, contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District’s background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the District, or its agent, verifying the Social Security number I have provided upon my employment with the District.

5. I authorize and consent to the District’s, or its agent’s, thorough investigation of whether I have a record of criminal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District’s criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment.

6. I hereby release and hold harmless the District, its current and past Directors, officers, employees and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands,

damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application for employment and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District, or its agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.

7. I have carefully read this Authorization and Release, and voluntarily agreed to its terms in order to assist the District in evaluating my qualifications for employment.

Please print your full name

Please print any other names you have used

Home Address

City

State

Zip Code

Social Security Number (optional)

Driver's License Number

State Issuing

Name as it appears on license

Signature

Today's Date

ADAMS COUNTY FIRE PROTECTION DISTRICT

**CONSENT TO DRUG/ALCOHOL TESTING & AUTHORIZATION TO RELEASE
MEDICAL INFORMATION (POST-CONDITIONAL JOB OFFER)**

I have applied for employment with the Adams County Fire Protection District (“District”). I understand that, if the District makes a conditional offer of employment, I must pass a drug/alcohol test. In furtherance of my application for employment, I voluntarily and of my own free agree that:

1. Upon notification by the District, I will submit to, and fully cooperate with, a drug/alcohol test by the District’s designated testing facility (“Testing Facility”).
2. I expressly consent to the Testing Facility taking one or more urine samples to test for illegal drugs and/or controlled substances and alcohol (“Samples”).
3. I expressly authorize the Testing Facility to release the results of any test performed on the Samples to the District. I specifically authorize the release and disclosure of my Health Information, including any Protected Health Information, to the District.
4. Unless I revoke this Authorization earlier, it will expire 1 year after the date I sign it. I understand that information disclosed to the District may no longer be protected by the federal privacy regulations and may be redisclosed and used by the District in accordance with federal, state and local law.
5. I hereby release and hold harmless the District, and its past and present Directors, officers, employees, volunteers, agents and representatives, and any individual or entity taking, testing and reporting upon the Samples authorized by this Authorization, from any and all claims arising from such activities, including but not limited to, any claims for defamation, invasion of privacy, unlawful search and seizure, fraud, misrepresentation, intentional or negligent interference with prospective business relations, breach of contract, negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions whatsoever, whether known or unknown to me presently, that I may have now or in the future.
6. Colorado law governs this Authorization. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. In any dispute arising from or relating to this Authorization, the prevailing party shall be awarded its/his/her reasonable attorney’s fees, costs and expenses, including any attorneys’ fees, costs and expenses incurred in collecting upon any judgment, order or award. This Authorization may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.

I have carefully read this Authorization and voluntarily agreed to its terms and conditions.

Applicant's Signature

Date