

HARQUAHALA FIRE DISTRICT

51501 W. Tonto Street, Tonopah, Arizona 85354

Office Manager: Telephone: (928) 372-2249 Fax: (928)372-2235

EMPLOYMENT APPLICATION (An Equal Opportunity Employer)

It is the policy of Harquahala Fire District to grant equal opportunity to all persons in all terms, privileges and conditions of employment without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, military status, or disability.

I am applying for: _____ Date: _____
(List Position)

PERSONAL INFORMATION (Please type or print)

Name: _____
Last Name Full First Name Full Middle Name

Mailing Address: _____
Street/P.O. Box City State Zip

Street Address: _____
Street City State Zip

Phone: () _____ () _____
Home Work

Social Security #: _____

Have you previously applied for employment with this District? ____ Yes ____ No If so, when? _____

Have you ever worked under another name? ____ Yes ____ No If yes, what name? _____

When? _____ Where? _____

Have you ever been convicted of a crime? ____ Yes ____ No If so, provide details and dates regarding the conviction.

Are you over 18 years of age? ____ Yes ____ No

If under 18, can you submit a work permit once you are employed? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

When are you available for work? (List Date) _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

EDUCATION

School and Location

High School _____

Mailing Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No

GED or Equivalency (Date Completed) _____

College _____

Dates Attended _____

Mailing Address _____ City _____ State _____ Zip _____

Degree(s) _____

Date Completed _____

Date Completed _____

Professional Designations _____

Trade, Business or Correspondence School _____

Dates Attended _____

Mailing Address _____ City _____ State _____ Zip _____

Dates Attended _____

Mailing Address _____ City _____ State _____ Zip _____

Are you a Veteran or qualified spouse? Yes No Branch of Service _____
Date Discharged: _____ Please attach DD214

Do you speak a foreign language? Yes No If yes, what language(s) and to what proficiency?

_____ Fluent Good Fair

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AZ EMT/IEMT/CEP Certification #: _____ Please attach copy of card.

Firefighter I and II certified? Yes No Please attach copy of card.

Driver's License # _____ State: _____ Expiration Date: _____

EMPLOYMENT HISTORY

Starting with your present employer, please list your employment history for the past 10 years.

1. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address _____ City _____ State _____ Zip _____
Job Title _____ Dates of Employment _____
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____
2. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address _____ City _____ State _____ Zip _____
Job Title _____ Dates of Employment _____
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____
3. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address _____ City _____ State _____ Zip _____
Job Title _____ Dates of Employment _____
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____
4. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address _____ City _____ State _____ Zip _____
Job Title _____ Dates of Employment _____
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____

IN CASE OF EMERGENCY, NOTIFY

Name _____

Address _____

Phone Number _____ Relationship _____

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsification of information or omission of material facts on this application shall be grounds for dismissal.
- I understand that all documents requested are a part of the total application. That includes, but is not limited to, a resume, cover letter, or evidence of certification. If not submitted as directed, my application will not be considered.
- I understand that no offer or promise of employment has been made by acceptance of this application.
- I authorize Harquahala Fire Dist. to conduct a background check, to contact former employers, and to obtain information from former employment files. I release all parties from all liability for any damages that may result from this investigation.
- I understand that any offer of employment will be conditional upon the results of a criminal history background investigation and a driver's license check.
- I understand that any offer of employment may be conditional upon the results of a physical examination, including a pre-employment drug screen test.
- I understand that employment is at the will of both parties and that employment can be terminated at any time with or without cause.
- I understand that this application will remain active only for this job opening and will become inactive upon the job closing date.

Signature _____

Date _____

For Office Use Only

Date of Receipt: _____ By: _____