# 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)

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## 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: _____