



HARQUAHALA VALLEY FIRE DISTRICT

51501 W. Tonto Street, Tonopah, Arizona 85354

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

EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

It is the policy of Harquahala Valley 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:

Name: _____
Last Name Full First Name Full Middle Name

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

Phone: _____
Home Work Cell

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? _____

Have you ever been convicted of a crime? 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? _____
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

_____ Name of School

_____ Mailing Address City State Zip

Did you graduate? ___ Yes ___ No GED or Equivalency (Date Completed) _____

College

_____ Name of College _____ Dates Attended

_____ Mailing Address City State Zip

Degree(s)

_____ Date Completed

_____ Date Completed

Professional Designations

Trade, Business or Correspondence

_____ 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

_____ ___ Fluent ___ Good ___ Fair

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

Firefighter I certified? ___ Yes ___ No Firefighter II certified? ___ Yes ___ No **Please attach copy.**

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 Valley Fire District 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: _____