

HARQUAHALA VALLEY FIRE DISTRICT

-PROFESSIONAL SERVICE WITH HONOR-

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.

Read the following instructions carefully before completing your application for employment:

All requested information must be furnished, including information requested on supplemental questionnaires. Fill in all spaces of the application accurately and completely. If a category does not apply, write N/A for Not Applicable. Do NOT enter the words "see resume" in lieu of completing the information requested. The information you provide will determine your eligibility and qualifications for employment or further examination. All information contained on the application is subject to verification. Any omission, misstatement or falsification may be cause for rejection of this application, removal of your name from an eligibility list or discharge.

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 or Cell(Circle One) Work

Email Address: _____

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

Have you previously been employed by Harquahala FD? ____ Yes ____ No If so, when? _____

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

When? _____ Where? _____

Do you have, or have the ability to obtain, a valid driver's license? ____ Yes ____ No

Please submit a certified five (5) year driving record from the Department of Motor Vehicles with this application

Have you ever served in the U.S. Armed Services? ____ Yes ____ No If so, what branch? _____

Were you given an honorable discharge? ____ Yes ____ No

Are you a member of a National Guard or Armed Forces Reserve Unit? ____ Yes ____ No If yes, Unit: _____

Have you ever been discharged or requested or forced to resign from any position? ____ Yes ____ No

If yes, explain:

Have you ever been convicted of, or pled "no contest" to any crime, including any misdemeanors (excluding minor or civil traffic infractions)? **(NOTE: A criminal conviction does not constitute an automatic bar to employment. Each case is considered individually and based on job requirements. Criminal history information revealed by the State or FBI that conflicts with the information provided on this application may be grounds for rejection and/or termination from employment.)**

____ Yes ____ No If yes, provide details and dates regarding the conviction.

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time? ____ Yes ____ No

If you answered yes to this question, please give details including the offense(s) for which you are currently pending charges and jurisdiction (court, city, county, and state):

Have you ever had any license or certificate of any kind revoked, suspended, placed on probation, or have you in any way been sanctioned by, or is any charge or complaint now pending against you? If you answer yes, you must provide the dates of the proceedings, name, address and telephone number of the agency or licensing body where proceedings took place, a statement of the accusations against you and the final disposition. ____ Yes ____ No

If yes, explanation.

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

Did you receive a high school diploma or obtain a G.E.D.? ____ Yes ____ No

Name of school or program:

Mailing Address City State Zip

Did you graduate? ____ Yes ____ No

College

Dates Attended

Mailing Address City State Zip

Dates Attended

Mailing Address City State Zip

Degree(s)

Date Completed

Date Completed

Date Completed

Professional
Designations

Trade, Business
or Correspondence
School

Dates Attended

Mailing Address City State Zip

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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 (Circle One) Certification #: _____ **Please attach copy of card.**

Firefighter I and II certified? ____ Yes ____ No **Please attach copy of card or certification.**

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

Job Experience

Indicate with an "X" any job experience you've had in the following:

Firefighter Engineer Captain Fire Marshal Fire Inspector Technical Rescue

Hazardous Materials Wildland Paramedic EMT

Clerical:

Receivables Payables Payroll Multi-Line Telephone System Meeting Minutes

Customer Service Filing Writing Correspondence

Computer Proficiency:

Word Excel Access PowerPoint Publisher QuickBooks Image Trend

Emergency Reporting Target Solutions Fire Recovery Other, explain: _____

EMPLOYMENT HISTORY

Starting with your present employer, please list your employment history for the past ten (10) years. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please add additional pages if needed.

Current Employer _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

Starting Position: _____ Supervisor's Name/Position: _____

Starting Date: _____ Starting Salary: _____ Current Salary: _____

May we contact your employer? Yes No If no, when can we contact this employer? _____

List job duties: _____

Reasons for Leaving _____

Previous Employer _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

Starting Position: _____ Supervisor's Name/Position: _____

Starting Date: _____ Starting Salary: _____ Current Salary: _____

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Reasons for Leaving _____

IN CASE OF EMERGENCY, NOTIFY

Name _____

Address _____

Phone Number _____ Relationship _____

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from service. I authorize Harquahala Valley Fire District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment. I authorize all former employers, schools and references to release information that they may have about me to Harquahala Valley Fire District or their agents.

I understand that employment, if offered, is contingent upon satisfactory results of a post-offer physical examination, drug screening, criminal background check, motor vehicle report, and employment verification, at the agencies' expense. New hires will be required to provide their fingerprints on a standard, Federal Bureau of Investigation (FBI) applicant card. Fingerprint cards are forwarded to the Arizona State Department of Public Safety and/or FBI for review. Criminal history information revealed by the State or FBI that conflicts with the information provided on this application may be grounds for rejection and/or termination from employment.

I will comply with and be governed by all federal and/or state laws, and policies, rules, and procedures of Harquahala Valley Fire District. If requested by the management at any time, I agree, while on agency property, to submit to the search of my person, possessions, cars, or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I may be required to take a physical examination, at company expense, at any time, to determine if I am physically fit for the job I am to perform, including drug testing for probable cause, random testing, or pre-employment screening. I authorize any physician or hospital to release any information to the agencies which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment, or in the future, during employment, including drug testing information.

I understand that if I am employed, such employment is for an indefinite period of time and that the District can change wages, benefits and conditions at any time.

By signing below, I acknowledge that I have read and understand the above statements. Further, I understand and acknowledge that if a job offer is made, unless otherwise defined by applicable law, I will be an "at will" employee, and may resign at any time or the agency may discharge me at any time, for any or no reason. It is further understood that the "at will" employment relationship which would be created if I am hired may not be changed by any oral or written communication, unless such change is specifically acknowledged, in writing, by the Fire Board. I understand that no offer or promise of employment has been made by acceptance of this application by Harquahala Valley Fire District.

Signature Date

For Office Use Only / Harquahala Valley Fire District

Date of Receipt: _____ By: _____