

# 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)

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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 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

\_\_\_\_\_ 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 (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 \_\_\_\_\_

\_\_\_\_\_

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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 \_\_\_\_\_  
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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: \_\_\_\_\_