



Verde Valley Fire District  
2700 E Godard Road  
Cottonwood, AZ 86326

Telephone: (928) 634-2578 Fax: (928) 646-5737

### Employment Application

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**Verde Valley Fire District is an Equal Opportunity Employer. It is the policy of the District to make all recruitment, hiring, and placement decisions, as well as other employment decisions, on the basis of the qualifications of the individuals considered for the position to be filled, without regard to race, ethnicity, age, sex, religion, color, national origin, sexual orientation, veteran's status, or non-disqualifying handicap.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other names by which you have been known and dates those names were used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Message/Cell Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Do you have a legal right to work in the U.S.?  Yes  No

Have you previously applied for employment with Verde Valley Fire District?  Yes  No If so, when? \_\_\_\_\_

Have you previously been employed by Verde Valley Fire District?  Yes  No If so, when? \_\_\_\_\_

Are any of your relatives, either by blood or marriage, employed with Verde Valley Fire District?  Yes  No

If so, who? \_\_\_\_\_

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.

Can you perform the essential duties of the position for which you have applied with or without reasonable accommodation?

Yes  No

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, identify: \_\_\_\_\_

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, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Explanation: \_\_\_\_\_

\_\_\_\_\_

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

All requested information must be furnished. 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.

New hires are required to complete – and pass – a post-offer physical examination, drug screening, and background check at the District's 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 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.

In submitting this application, I understand that, if offered employment, I will be required to provide proof of identity and eligibility to work in the United States in addition to signing a loyalty oath as a condition to receiving any compensation from the District. Also, 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 District service. I authorize Verde 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 the Verde Valley Fire District or its agents.

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 District 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 the Verde Valley Fire District.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Education/Certifications:**

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: \_\_\_\_\_

List colleges, universities, trade or business schools attended:

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Major: \_\_\_\_\_ Degree/Highest Level Completed: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Major: \_\_\_\_\_ Degree/Highest Level Completed: \_\_\_\_\_

Firefighter I and II certified?     Yes     No    Attach a copy of certificate(s).

AZ EMT / IEMT / CEP certification?     Yes     No    Attach a copy of certification(s) card.

**Training:**

List position-related licenses, registrations, certificates, or professional memberships:

Description: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Description: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Description: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Skills:**

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

\_\_\_\_\_     Fluent     Good     Fair

\_\_\_\_\_     Fluent     Good     Fair

List any skills that you possess relating to the position applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Job Experience:

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

Firefighter       Engineer       Captain       Fire Marshal       Fire Inspector  
 EMT       Paramedic       Wildland       Hazardous Materials

Clerical:

Receivables       Payables       Payroll       Multi-Line Telephone System  
 Meeting Minutes       Customer Service       Filing       Writing Correspondence

Computer Proficiency:

Word       Excel       Access       PowerPoint       Publisher  
 Quickbooks       Firehouse       Other, please 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 Name: \_\_\_\_\_ 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: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Previous Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Supervisor's Name/Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

List job duties: \_\_\_\_\_

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\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Supervisor's Name/Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

List job duties: \_\_\_\_\_

\_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Supervisor's Name/Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

List job duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Supervisor's Name/Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

List job duties: \_\_\_\_\_

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\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_