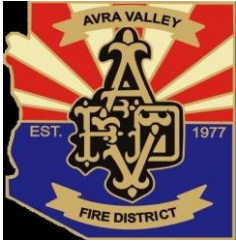


EMPLOYMENT APPLICATION



AVRA VALLEY FIRE DISTRICT "OUR FAMILY HELPING YOUR FAMILY"

15790 W. Silverbell Rd. Marana, AZ 85653
Telephone (520) 682-3255 Fax (520) 682-5458

An Equal Opportunity Employer

It is the policy of Avra 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)

(Please check)

☐ FF/EMT ☐ FF/MEDIC

PERSONAL INFORMATION

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) _____ CELL: _____

Email Address: _____

(a valid email address is required. All communication throughout the hiring process will be through email)

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 _____

Did you graduate? _____ Yes _____ No

Mailing Address

City

State

Zip

GED or Equivalency (Date Completed) _____

College _____

Dates Attended

Mailing Address

City

State

Zip

Degree(s) _____

Date Completed

Date Completed

Professional Designations _____

Trade, Business/
Correspondence School _____

Dates Attended

Mailing Address

City

State

Zip

Dates Attended

Mailing Address

City

State

Zip

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

_____ Fluent _____ Good _____ Fair

_____ Fluent _____ Good _____ Fair

CERTIFICATIONS

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

*Firefighter I and II certified? _____ Yes _____ No *Please attach copy of card.

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

REQUIRED DOCUMENTATION CHECKLIST

- High School Diploma, GED, or transcript showing proof of graduation
 - Arizona Drivers License
 - Arizona Firefighter I&II or NFPA 1001 equivalent
 - Health Care Provider CPR
 - Hazardous Materials First Responder Operations Level
 - Basic Wildland S-130/190, L-180, I-100 or equivalent
 - State of Arizona EMT or CEP Card
- If you are a paramedic, you also need to attach:**
- PALS or equivalent
 - ACLS

NOTE: Applications received missing any of the above documentation will be discarded.

The only exception is if you are currently enrolled in a Fire Academy and expect to graduate and receive your certifications by the establishment of the eligibility list. If this is the case, please list which documents you are not attaching and your expected graduation date.

EMPLOYMENT HISTORY

Starting with your present employer, please list your employment history for the past 10 years. Use separate sheet if necessary.

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: _____

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 Avra 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 pre-employment drug screen test, physical exam and successful completion of a physical agility 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 on file for 6 months.

Signature

Date

For Office Use Only / Avra Valley Fire District

Date of Receipt: _____ By: _____