





P.O. Box 1889 Quartzsite, Arizona 85346 (928) 927-6556 admin@quartzsitefiredistrict.org

APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST	MIDDLE	DATE
STREET ADRESS/P. 0			/ HOME PHONE
STILLT ADALOS/T.			
CITY, STATE, ZIP			BUSINESS / CELL PHONE
			/
HAVE YOU EVER AF	PPLIED WITH QFD PREVIOUSLY? IF	YES, MONTH AND YEAR	SOCIAL SECURITY #
ARE YOU AVAILAB	LE FOR FULL TIME WORK? IF NOT,	EXPLAIN PLEASE.	CAN YOU WORK O/T ?
ARE YOU LEGALLY	ELIGIBLE FOR EMPLOYMENT IN T	THE UNITED STATES?	/ EARLIEST START DATE
ANY OTHER SPECIF	IC TRAINING OR SKILLS THAT MA	Y BENEFIT OUR DEPARTM	IENT TEAM?
	EDU	UCATION	
COLLEGE	NAME AND LOCATION OF SO	CHOOL	

COURSE OF STUDY

YEARS COMPLETED

DID YOU GRADUATE?

HIGH SCHOOL

YEARS COMPLETED

DID YOU GRADUATE?

PREVIOUS EMPLOYMENT

	/
COMPANY NAME	COMPANY PHONE
ADDRESS	/ LENGTH OF EMPLOYMENT
JOB TITLE, DESCRIPTION OF YOUR WORK	/ REASON FOR LEAVING
COMPANY NAME	/ COMPANY PHONE
ADDRESS	/ LENGTH OF EMPLOYMENT
JOB TITLE, DESCRIPTION OF YOUR WORK	/ REASON FOR LEAVING
COMPANY NAME	/ COMPANY PHONE
ADDRESS	/ LENGTH OF EMPLOYMENT
JOB TITLE, DESCRIPTION OF YOUR WORK	/ REASON FOR LEAVING
MILITARY	
DID YOU SERVE IN THE U. S. ARMED FORCES?	BRANCH
DESCRIBE ANY TRAINING, RELEVENT TO THE POSITION YOU ARE	E APPLYING FOR
PERSONAL	
/ / MARITAL STATUS ARE YOU A U. S. CITIZEN?	/ / M F TIME AT PRESENT ADDRESS SEX

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN

REFERENCES

	/	
NAME AND ADRESS OF RELATIVE, NOT LIVING WITH YOU		PHONE
	/	
OTHER REFERENCE NAME AND ADDRESS		PHONE
	/	
OTHER REFERENCE NAME AND ADDRESS		PHONE
	/	
OTHER REFERENCE NAME AND ADDRESS		PHONE

The information provided in this application is true, correct, and complete. If I am employed by your agency, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon the Quartzsite Fire District to employ me in the future.

I also understand that signing this document indicates that I am 18 years of age or older, and can present upon request verification Of that fact. Furthermore I will be able to provide a 39 month driving record from the Motor Vehicle Division.

SIGNATURE

DATE