



# Lake Mohave Ranchos Fire District

16126 Pierce Ferry Road  
P.O. Box 611

Phone (928) 767-3300

Dolan Springs, Arizona 86441

Fax (928) 767-3301



## APPLICATION for LMRFD BOARD OF DIRECTORS (APPOINTED POSITION)

WHEN COMPLETED PLEASE RETURN TO:

Email: [info@lmrfd.org](mailto:info@lmrfd.org) or mail to P.O. Box 611, Dolan Springs, Az., 86441  
(no phone calls, please)

Submittal of a resume is not acceptable as a substitute for this completed application form.

Complete all sections. Use of the term "unknown" is not acceptable.

Please print all information. Please attach any separate documents as needed (resume, etc.).

DATE \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Present Street Address (if different from mailing address) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

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

Are you registered to vote in Mohave County: Yes | No

Currently on the tax roll/resident within LMRFD: Yes | No

### Education and Training

In the space below, list any training you have acquired that might apply to the position you are seeking. List course(s) and/or training(s) name, description of course(s)/training(s), who provided course(s)/training(s), any certificate(s) issued and dates.


### Employment History

Please list most recent first. Please attach a resume or separate sheet of paper to provide remainder of Employment History.

Employer's Name:		Type of business:
Complete Address:		
Phone Number: (    )	Supervisor's Name:	
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Employer's Name:		Type of business:
Complete Address:		
Phone Number: (    )	Supervisor's Name:	
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Employer's Name:		Type of business:
Complete Address:		
Phone Number: (    )	Supervisor's Name:	
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Employer's Name:		Type of business:
Complete Address:		
Phone Number: (    )	Supervisor's Name:	
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Why are you interested in the LMRFD?

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Area(s) of expertise/contributions you feel you can make?

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Please, provide any additional comments or information that would be of assistance in considering you for this position. Use separate sheet of paper if necessary.

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Application closing date: July 10, 2020 at 5:00 p.m.