



La Paz Unified Fire-Medical District

PO Box 1889 | Quartzsite, AZ 85346

70 E Tyson Street

Serving Quartzsite, La Paz Valley, Rainbow Acres, Vicksburg, Hope, Brenda,
Harcuvar, Salome and Wenden | Est. 2025



APPLICATION FOR EMPLOYMENT

POSITION AND APPLICANT DETAILS

POSITION APPLYING FOR		APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE NAME / INITIAL
STREET ADDRESS / P.O. BOX		
CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS	
EARLIEST AVAILABLE START DATE	PREFERRED WORK SCHEDULE / AVAILABILITY	
☐ Full-time	☐ Part-time	☐ 24-hour shifts
☐ Available for overtime	☐ Legally authorized to work in the United States	

HAVE YOU PREVIOUSLY APPLIED OR WORKED FOR EITHER LEGACY DISTRICT OR LA PAZ UNIFIED? IF YES, WHEN?

EDUCATION AND QUALIFICATIONS

HIGHEST LEVEL OF EDUCATION / SCHOOL	DEGREE / DIPLOMA
RELEVANT LICENSES, CERTIFICATIONS AND EXPIRATION DATES (EMT, PARAMEDIC, FIRE, CPR, ETC.)	
OTHER TRAINING, TECHNICAL SKILLS, OR QUALIFICATIONS RELEVANT TO THE POSITION	

Attach a résumé and copies of relevant certifications if available.

PREVIOUS EMPLOYMENT

EMPLOYER 1

COMPANY / ORGANIZATION

POSITION / JOB TITLE

DESCRIPTION OF DUTIES AND REASON FOR LEAVING

COMPANY PHONE

DATES EMPLOYED (FROM - TO)

EMPLOYER 2

COMPANY / ORGANIZATION

POSITION / JOB TITLE

DESCRIPTION OF DUTIES AND REASON FOR LEAVING

COMPANY PHONE

DATES EMPLOYED (FROM - TO)

EMPLOYER 3

COMPANY / ORGANIZATION

POSITION / JOB TITLE

DESCRIPTION OF DUTIES AND REASON FOR LEAVING

COMPANY PHONE

DATES EMPLOYED (FROM - TO)

MILITARY SERVICE (OPTIONAL)

☐ Yes, I have served in the U.S. Armed Forces

☐ No

BRANCH / DATES OF SERVICE

RELEVANT TRAINING / SKILLS

ADDITIONAL EXPERIENCE OR INFORMATION YOU WOULD LIKE US TO CONSIDER

PROFESSIONAL REFERENCES

Please provide professional references; avoid family members when possible.

REFERENCE 1

NAME AND RELATIONSHIP

PHONE / EMAIL

ORGANIZATION / TITLE

REFERENCE 2

NAME AND RELATIONSHIP

PHONE / EMAIL

ORGANIZATION / TITLE

REFERENCE 3

NAME AND RELATIONSHIP

PHONE / EMAIL

ORGANIZATION / TITLE

APPLICANT ACKNOWLEDGMENT

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that material misstatements or omissions may disqualify me from consideration or, if employed, result in disciplinary action up to and including termination.

I understand that this application does not constitute an employment contract or guarantee of employment. If selected, I may be required to present documentation of work authorization, relevant credentials, and a motor vehicle record, as applicable to the position and district hiring requirements.

La Paz Unified Fire-Medical District is an equal opportunity employer.

APPLICANT SIGNATURE

DATE

Submit completed applications to admin@lapazfiremedical.com.

Website: lapazfiremedical.com | Phone: (928) 927-6556