



# MOAPA VALLEY FIRE DISTRICT

3570 N. Lyman St. Logandale, NV 89021

Phone: (702) 398-7292



Resident ☐

Non Resident ☐

Position(s) applying for:

Administrative ☐ EMS ☐ Support ☐ ELFF Exterior ☐ ELFF Interior ☐ Wildland ☐

**Please answer the following questions:**

Are you at least 18 years of age?

**YES**

**NO**

Do you have a High School Diploma or equivalent?

Can you submit proof of your legal right to work in the US?

Have you been convicted of a felony?

Do you have Veteran's preference?

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**Please complete the following required information:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date \_\_\_\_\_ Last four of SSN \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Notification Person: \_\_\_\_\_

Emergency Notification Phone: \_\_\_\_\_

EMT Status: None ☐ Basic ☐ Advanced ☐ Paramedic ☐

SNHD EMS # \_\_\_\_\_ Expiration date \_\_\_\_\_

CPR expiration date: \_\_\_\_\_

State Firefighter certifications None ☐ HazMat ☐ Firefighter 1 ☐ Firefighter 2 ☐

Driver License Information

LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATE	CLASS	ENDORSEMENTS	RESTRICTIONS



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Acceptance as a Volunteer Firefighter is contingent upon the background investigation and physical examination.

Copies of EMS/CPR and Firefighter certifications **MUST** accompany this application. Please forward your completed application and certifications to: [MVFDHR@clarkcountynv.gov](mailto:MVFDHR@clarkcountynv.gov)

ARE YOU CURRENTLY EMPLOYED BY THE COUNTY? ☐ YES ☐ NO (IF "YES", COMPLETE THE FOLLOWING)

TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

STATUS: ☐ PERMANENT ☐ PART-TIME ☐ TEMPORARY

DO YOU HAVE ANY RELATIVES WORKING FOR CLARK COUNTY? ☐ YES ☐ NO (IF YES, COMPLETE THE FOLLOWING):

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

<b>YOUR HIGHEST LEVEL OF EDUCATION:</b> <input type="checkbox"/> Some High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificate of Attendance <input type="checkbox"/> Technical College <input type="checkbox"/> Master's Degree <input type="checkbox"/> High School, GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Doctorate			
High School (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Junior College (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major:
College/University (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major/Minor:
College/University (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major/Minor:
Trade/Vocational (name/city/state):	Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:	Area of Study:



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**EXPERIENCE:** STARTING WITH YOUR MOST RECENT JOB, INCLUDE ALL EMPLOYMENT. LIST ALL YOUR WORK/VOLUNTEER EXPERIENCE THAT QUALIFIES YOU FOR THE JOB YOU ARE APPLYING FOR. HUMAN RESOURCES WILL DETERMINE WHETHER OR NOT YOU MEET THE MINIMUM QUALIFICATIONS FOR THE JOB BASED ON YOUR EXPERIENCE AS YOU DESCRIBE IT ON YOUR APPLICATION. **DO NOT SUBSTITUTE A RESUME, OR WRITE "SEE ATTACHED RESUME" FOR THIS APPLICATION, AS INFORMATION ON YOUR RESUME WILL NOT BE CONSIDERED.**

**NOTE:** ANY MODIFICATION OR RE-CREATION OF THIS OFFICIAL APPLICATION OR SUPPLEMENTAL WILL RESULT IN THE APPLICATION BEING REJECTED.

## EMPLOYMENT HISTORY

**MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO**

**1. COMPANY/AGENCY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **HOURS WORKED PER WEEK** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**START DATE :( MO/YR)** \_\_\_\_\_ **END DATE: (MO/YR)** \_\_\_\_\_

**DUTIES:**

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**REASON FOR LEAVING:** \_\_\_\_\_

**2. COMPANY/AGENCY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **HOURS WORKED PER WEEK** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**START DATE :( MO/YR)** \_\_\_\_\_ **END DATE: (MO/YR)** \_\_\_\_\_



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DUTIES:

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REASON FOR LEAVING: \_\_\_\_\_

**3. COMPANY/AGENCY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE :( MO/YR) \_\_\_\_\_ END DATE: (MO/YR) \_\_\_\_\_

DUTIES:

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REASON FOR LEAVING: \_\_\_\_\_

**4. COMPANY/AGENCY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

START DATE :( MO/YR) \_\_\_\_\_ END DATE: (MO/YR) \_\_\_\_\_



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DUTIES:

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REASON FOR LEAVING: \_\_\_\_\_

**NOTE: ANY MODIFICATION OR RE-CREATION OF THIS OFFICIAL APPLICATION OR SUPPLEMENTAL WILL RESULT IN THE APPLICATION BEING REJECTED.**

▪ List all criminal convictions that you have on your record, that are higher than a moving violation. Please include the state, date, and disposition of each conviction.

BY SUBMITTING THIS APPLICATION, I VERIFY ALL STATEMENTS MADE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT:

1) ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL BE CAUSE FOR REJECTION OF MY APPLICATION MATERIALS OR DISCHARGE FROM EMPLOYMENT.

2) I UNDERSTAND THAT PRIOR TO EMPLOYMENT, I MUST SHOW PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE UNITED STATES. I UNDERSTAND AS INDICATED ON THE ONLINE EMPLOYMENT APPLICATION I MUST LIST ALL CRIMINAL CONVICTIONS THAT I HAVE ON MY RECORD, THAT ARE HIGHER THAN A MOVING VIOLATION. I MUST INCLUDE STATE, DATE, AND DISPOSITION OF EACH CONVICTION. I FURTHER UNDERSTAND THAT A CONVICTION DOES NOT AUTOMATICALLY BAR ME FROM EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION. PERIODICALLY AFTER EMPLOYMENT BACKGROUND INVESTIGATIONS MAY BE CONDUCTED.

SUBMITTING THIS APPLICATION AUTHORIZES CLARK COUNTY TO CONDUCT ANY AND ALL NECESSARY BACKGROUND CHECKS RELATED TO THIS POSITION.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_