FULL-TIME BATTALION CHIEF

- Please type or print neatly in ink.
- All requested information must be furnished.
- Be sure to sign the application.
- APPLICATION DATE: _____ • A resume may be submitted, however you must
- complete all information on this application.

NAME:			you over 18 years of age?		
LAST	FIRST	MIDDLE			
ADDRESS:STREET/APT#		CITY	STATE	ZIP CODE	
MAILING ADDRESS:					
TELEPHONE ()CEL	L ()	CELL CARRIER _			
E-MAIL ADDRESS:					
Have you ever been convicted of a crimi If yes, please describe or explain: (a YES		_	YES vment)	NO	
EDUCATION					
High School Diploma or GED? YES	NO High Scho	ol	Graduation Date: _		
Circle highest grade completed: 8 9	10 11 12 Colle	ge: 1 2 3 4 5 6			
Names of Colleges or Universities Attend	ded From / To	Degree	Major or I	Field of Study	
Other Schools: Technical, Trade, etc.	From / To	Courses	or Field of Study		
Registrations / Certifications / Licenses /	Special Skills:				
PARAMEDIC CERTIFICATION #	STATE N	ational Registry YES /	NO Expiration Da	te:	

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, military and volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section at the bottom of this page.

EMPLOYER				TELEPHONE)	
ADDRESS		CITY			STATE	ZIPCODE
POSITION (100 TITLE		CUREN #COR				
POSITION/JOB TITLE FROM	то	SUPERVISOR				SALARY
DATES EMPLOYED			S FOR LEAVING			
May we contact you	ur present employer/supervisor	YES	_ NO	<u>-</u>		
EMPLOYER				TELEPHONE)	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE		SUPERVISOR				SALARY
FROM	то					
DATES EMPLOYED		REASON	S FOR LEAVING			
				()	
EMPLOYER				TELEPHONE		
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE		SUPERVISOR				SALARY
FROM	ТО					
DATES EMPLOYED		REASON	S FOR LEAVING			
				1)	
EMPLOYER				TELEPHONE	1	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE		SUPERVISOR				SALARY
FROM	то					
DATES EMPLOYED		REASON	S FOR LEAVING			
				()	
EMPLOYER				TELEPHONE	,	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE		SUPERVISOR				SALARY
FROM	ТО					
DATES EMPLOYED		REASON	S FOR LEAVING			
Employment Histor	v Comments:					
pioyillelie ilistoi	, 00					

NOTICE TO APPLICANTS

MEDICAL EXAMINATION

A medical examination may be required for employment for this position and an offer of employment will be contingent upon successful completion of the medical examination.

PHYSICAL ABILITY EXAMINATION

A job related physical ability examination may be required for the position. This examination is administered to ensure that the applicant has the minimum physical ability to meet the job requirements.

DRUG AND ALCOHOL SCREENING

The Heber-Overgaard Fire District has established a drug-free workplace. Screening tests for illegal drugs and alcohol may be required before hiring and during your employment.

APPLICANT INFORMATION RELEASE WAIVER - BACKGROUND CHECKS

The Heber-Overgaard Fire District requires criminal and driving history background checks prior to employment. This procedure includes fingerprinting by a law enforcement agency of the employer's choice. (This process may be at the applicant's expense)

39 MONTH MVD REPORT

The Heber-Overgaard Fire District requires a 39-month Motor Vehicle Division report at the time of the application.

REFERENCES

The Heber-Overgaard Fire District reserves the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify that accuracy of the information contained in this application. As the applicant, you hereby release the Heber-Overgaard Fire District from any and all liability for seeking, gathering and using such information and all other persons, corporations and organizations for furnishing such information.

MEMBERSHIP REQUIREMENTS

The Heber-Overgaard Fire District requires all employees to be legal United States Citizens and be a minimum of 18 years of age. All employees must be able to obtain and retain a valid Arizona Driver's License. Other requirements may also apply at time of employment.

EQUAL OPPORTUNITY EMPLOYMENT

The Heber-Overgaard Fire District is an equal opportunity employer. The District does not discriminate against any applicant or employee based on race, color, religion, sex, age, national origin, or physical or mental handicap.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. This application is current for 90 days or the open employment period specified on the employment posting.

I hereby certify that all questions on this application are true, and I understand and agree that any misstatement or omission of material facts contained in this application and materials attached may disqualify me or be cause for dismissal from employment with the Heber-Overgaard Fire District. I also understand that it is my responsibility to keep the Heber-Overgaard Fire District advised of any change of address and once submitted, this form and all materials attached, becomes property of the Heber-Overgaard Fire District.

SIGNATURE	DATE	
SIGNATURE	DATE	

APPLICANT INFORMATION RELEASE WAIVER

Applicant:	
I voluntarily and knowingly authorize, for employment purposes only, any present or past employment supervisor, university or institution of learning, administrator, law enforcement agency, state agreederal agency, credit bureau, private business, military branch or the National Personnel Record the Bureau of Criminal Apprehension, personal reference, and/or other persons or organizations record of information they may have concerning my criminal history, motor vehicle history, earn history and employment records, general reputation, character, and any other information requite Heber-Overgaard Fire District and/or its agents or representatives. I understand that, if hired consent will apply throughout my employment with the District.	gency, ds Center s, to give nings lested by
Applicant Name:	
Applicant Signature:	
Date:	
Witness Name:	
Witness Signature:	
Date:	