



**FULL-TIME FF-EMT/PARAMEDIC EMPLOYMENT APPLICATION**

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

APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET/APT# CITY STATE ZIP CODE

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

TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ CELL CARRIER \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Have you ever been convicted of a criminal offense, including traffic violations? YES \_\_\_\_ NO \_\_\_\_  
If yes, please describe or explain: (a YES will not necessarily bar you from employment)

**EDUCATION**

High School Diploma or GED? YES \_\_\_\_ NO \_\_\_\_ High School \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Circle highest grade completed: 8 9 10 11 12 College: 1 2 3 4 5 6

Names of Colleges or Universities Attended From / To Degree Major or Field of Study

Other Schools: Technical, Trade, etc. From / To Courses or Field of Study

Registrations / Certifications / Licenses / Special Skills:

PARAMEDIC CERTIFICATION # \_\_\_\_\_ STATE \_\_\_\_\_ National Registry YES / NO Expiration Date: \_\_\_\_\_

**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.

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EMPLOYER TELEPHONE

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ADDRESS CITY STATE ZIPCODE

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POSITION/JOB TITLE SUPERVISOR SALARY  
FROM TO

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DATES EMPLOYED REASONS FOR LEAVING

May we contact your present employer/supervisor YES \_\_\_ NO \_\_\_

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EMPLOYER TELEPHONE

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FROM TO

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DATES EMPLOYED REASONS FOR LEAVING

Employment History Comments: \_\_\_\_\_

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## **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 \_\_\_\_\_

**APPLICANT INFORMATION RELEASE WAIVER**

Applicant: \_\_\_\_\_

I voluntarily and knowingly authorize, for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Bureau of Criminal Apprehension, personal reference, and/or other persons or organizations, to give record of information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, general reputation, character, and any other information requested by the Heber-Overgaard Fire District and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the District.

Applicant Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

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

Date: \_\_\_\_\_