VOLUNTEER EMPLOYMENT APPLICATION

FIRE

ST. 1973

EMS

ARIZONA

APPLICATION DATE: _____

- 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.

JAME:			ou over 18 years o	f age?
LAST	FIRST	MIDDLE		
NDDRESS:				
STREET/APT#		CITY	STATE	ZIP CODE
MAILING ADDRESS:				
ELEPHONE ()CELL ()	CELL CARRIER		
-MAIL ADDRESS:				
lave you ever been convicted of a crimina yes, please describe or explain: (a YES w		=	YES	NO
DUCATION				
igh School Diploma or GED? YES No	O High Schoo	l G	raduation Date:	
ircle highest grade completed: 8 9 10) 11 12 College	e: 1 2 3 4 5 6		
ames of Colleges or Universities Attende	ed From / To	Degree	Major or F	ield of Study
ther Schools: Technical, Trade, etc.	From / To	Courses	or Field of Study	
egistrations / Certifications / Licenses / S	pecial Skills:			
ARAMEDIC CERTIFICATION #	STATE Nat	ional Registry VES / I	VO Evairation Dat	0.

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/JOB TITLE		SUPERVISOR				SALARY
FROM	ТО					
DATES EMPLOYED		REASONS	FOR LEAVING			
May we contact yo	ur present employer/supervisor	YES	_ NO	_		
EMPLOYER				TELEPHONE)	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE FROM	то	SUPERVISOR				SALARY
DATES EMPLOYED		REASONS	FOR LEAVING			
				1)	
EMPLOYER				TELEPHONE	,	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE		SUPERVISOR				SALARY
FROM	ТО					
DATES EMPLOYED		REASONS	FOR LEAVING			
				1)	
EMPLOYER				TELEPHONE	,	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE FROM	то	SUPERVISOR				SALARY
DATES EMPLOYED		REASONS	FOR LEAVING			
EMPLOYER				TELEPHONE)	
ADDRESS		CITY			STATE	ZIPCODE
POSITION/JOB TITLE		SUPERVISOR				SALARY
FROM	ТО					2
DATES EMPLOYED		REASONS	FOR LEAVING			
Employment Histor	ry Comments:					
• •	-					

NOTICE TO APPLICANTS

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 - DRIVING POSITION ONLY

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 supervisor, university or institution of learning, administrator, law enforce federal agency, credit bureau, private business, military branch or the Nat the Bureau of Criminal Apprehension, personal reference, and/or other percord of information they may have concerning my criminal history, moto history and employment records, general reputation, character, and any of the Heber-Overgaard Fire District and/or its agents or representatives. I unconsent will apply throughout my employment with the District.	ement agency, state agency, cional Personnel Records Center ersons or organizations, to give or vehicle history, earnings other information requested by
Applicant Name:	
Applicant Signature:	
Date:	
Witness Name:	
Witness Signature:	
Date:	