

**Vernon Fire District**  
 PO Box 400 Vernon, AZ 85940  
 (928) 537-4895 Fax (928) 537-7543  
[admin@vfdmail.org](mailto:admin@vfdmail.org)

APPLICATION FOR VERNON FIRE DISTRICT EMPLOYMENT

Position For Which Applying :		Date:		
Last Name:	First Name:	Middle Name:		
Aliases AKA (former names/maiden names):				
Address:	Apt #	City:	State:	Zip Code:
Home Phone:	Work Phone:	E-Mail Address:		
Driver's License Number:	State:	Class:	Expiration Date:	
Social Security Number:	- -	Are you authorized to work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Number	Contact Person	Relationship		

Are you able to work the required days/hours for this position as stated on the job posting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by the Vernon Fire District?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, from	to
Position(s) held:	Department:		
Are you related to any Vernon Fire District employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name:	Relationship:		
Have you been convicted (found guilty, or plead guilty or no contest) of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No This includes any misdemeanors and felonies (i.e., assault, burglary, disorderly conduct, domestic violence, drug-related convictions, Driving Under the Influence (DUI); Driving While Intoxicated (DWI), failure to appear in court, larceny, shoplifting, trespassing, etc.). Such convictions may have resulted in fines, community service, probation or jail/prison time. Applicants are not required to report convictions that have been expunged or sealed by a court of law. Please be very careful in completing this section. The District will verify this information. The information disclosed will not necessarily bar you from further consideration.			
Offense	Approximate Date (Month/Year)		
Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:			

**EDUCATION: Circle highest grade or degree level completed**

Grade School    1    2    3    4    5    6    7    8

High School    9    10    11    12    Graduate    Yes    No    GED    Yes    No

College    AAS    AA    BA    BS    MA    MS    PhD    Other: \_\_\_\_\_

Are you presently attending school?    Yes    No    If yes, number of semester hours:    Current \_\_\_\_\_    Total \_\_\_\_\_

College or University Name	Location	Field of Study	Degree

Other Training: Name and Location of School(s)	Topic of Training	Diploma/Certificate

List Current Licenses/Professional Registrations/Certifications	Expiration Date(s)

Professional Memberships (Do not include those which indicate race, color, origin, sex, age, religious beliefs or disabled status.)


**OFFICE and CLERICAL SKILLS: (Required skills will be tested.)**

Typing Words Per Minute:                      Shorthand Words Per Minute:                      Filing:    [ ] Yes    [ ] No

Data Entry Speed:                      Word Processing:    [ ] Yes    [ ] No

**COMPUTER SKILLS: List the computer hardware and programs with which you are proficient.**

Software:	Hardware:

**EMPLOYMENT HISTORY:** Show complete experience in each position beginning with your current or last position, including military experience. A resume may be attached, but will not be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

Current Employer:		Job Title:			
Street Address:		# of Employees Supervised:			
City :	State:	Zip Code:	Telephone: (    )		
Employment Dates: From:	To:	Total Time Employed:	Years    Months    Hours Per Week:		
Salary: Starting \$	Per	Ending \$	Per                    Supervisor:		
Description of Work:					
Reason for Leaving:				May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Job Title:			
Street Address:		# of Employees Supervised:			
City :	State:	Zip Code:	Telephone: (    )		
Employment Dates: From:	To:	Total Time Employed:	Years    Months    Hours Per Week:		
Salary: Starting \$	Per	Ending \$	Per                    Supervisor:		
Description of Work:					
Reason for Leaving:				May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Job Title:			
Street Address:		# of Employees Supervised:			
City :	State:	Zip Code:	Telephone: (    )		
Employment Dates: From:	To:	Total Time Employed:	Years    Months    Hours Per Week:		
Salary: Starting \$	Per	Ending \$	Per                    Supervisor:		
Description of Work:					
Reason for Leaving:				May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Job Title:	
Street Address:		# of Employees Supervised:	
City :	State:	Zip Code:	Telephone: (    )
Employment Dates: From:	To:	Total Time Employed:	Years    Months    Hours Per Week:
Salary: Starting \$	Per	Ending \$	Per                      Supervisor:
Description of Work:			
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list the names and telephone numbers of three ***professional references*** (co-workers, customers, and/or supervisors other than those listed above) who may be contacted by the Vernon Fire District.

---



---



---



---

**APPLICANT AGREEMENT**

- I understand that if I am offered a position, I will be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination, and/or related considerations of reasonable accommodation, or fitness for duty. **I understand that I may not begin employment until the District has received the results of my physical examination and drug screen.**
- If hired, I do hereby agree to submit to any and all required drug and/or alcohol testing (as per the District’s Substance Abuse Policy) and to have test results reported to the District. I release the District from all liability in obtaining information pursuant to this release.
- If hired, I understand I may be required to serve an initial probationary period during which time I will be employed at-will.
- If hired, I agree to comply with current District rules and policies and accept that the District may change, add, or withdraw rules and/or policies in the future during the course of my employment.
- If hired, I give the Vernon Fire District permission to conduct a criminal history check on me as part of the employment process.
- I understand that continued employment in a driving position is contingent upon a safe driving record and possession and maintenance of a valid required driver’s license and endorsements.
- I understand that employment in a part-time, temporary, or seasonal position is “at-will” and that I may be terminated at any time.
- I understand that falsifications or omissions of facts are sufficient cause for elimination from consideration or dismissal if I am hired, regardless of the date of discovery.
- **My signature below acknowledges my understanding and agreement with all conditions as stated.**

---

Signature of Applicant	Date
------------------------	------

Approved By:	Date:	Chief Approval:
--------------	-------	-----------------

<b>UNIFORM</b> PLEASE WRITE OR CIRCLE SIZE	<b>WILDLAND YELLOW SHIRT</b>  MED    LRG    XL    2XL	<b>WILDLAND PANTS</b> WAIST X LENGTH  <b>SIZE</b>	<b>GLOVES</b> MED    LRG    XL    2XL
<b>PT SHORT (RUN BIG)</b> SM    MED    LRG    XL	<b>HOODIE CIRCLE CHOICE</b> MED    LRG    XL    2XL	<b>TEE SHIRTS</b> MED    LRG    XL    2XL	<b>HAT SIZE</b>  SM/MED            LRG/XL

