

**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:	Phone Carrier:	E-Mail Address:		
Driver's License Number:	State:	Class:	Currently Valid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:			



**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.

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### 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.**

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

