

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

APPLICATION FOR VERNON FIRE DISTRICT EMPLOYMENT

Position For Which Applying:		Date:	
Last Name:		First Name:	Middle Name:
E-Mail Address:			
Address:		City:	State: Zip Code:
Cell Phone Number:	Phone Carrier:	Android	Or iPhone
Driver's License Number:	State:	Class:	Expiration Date:
Social Security Number: - - - - -			
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				Date of Certificate			
				AZ Firefighter 1 & 2							
				AZ Hazardous Material 1 st Responder							
Current Professional Registrations/Certifications				Number				Expiration Date(s)			
CERTIFIED EMCT CARD- STATE ISSUED											
BLS CARD											
Professional Memberships (Do not include those which indicate race, color, origin, sex, age, religious beliefs or disabled status.)											

Computer Skills: Please circle the items below that you are proficient at.				
Microsoft Word	Excel	Microsoft Outlook	Power Point	Image Trend
Please list below any other computer skills or office equipment you are proficient at.				

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 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 <u>professional references</u> (co-workers, customers, and/or supervisors other than those listed above) who may be contacted by the Vernon Fire District.							
APPLICANT AGREEMENT							
<ul style="list-style-type: none"> • 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
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Approved By:	Date:	Chief Approval:
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UNIFORM PLEASE WRITE OR CIRCLE SIZE	WILDLAND YELLOW SHIRT MED LRG XL 2XL	WILDLAND PANTS WAIST X LENGTH SIZE	GLOVES 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



Annual Medical Statement of Personnel

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES," be sure the answer is fully explained.

Questions:

Name: _____

Address: _____

City & State: _____ Zip: _____

Full Time Occupation: _____

Name of Organization: VERNON FIRE DISTRICT

Position/Title: _____

Social Security No. N/A

What is your Valid State Operators Plate No. N/A

REMARKS: If any question is answered, "YES," give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses of doctors, hospitals, etc.

LIST ALL MEDICATIONS

1. Birth Date: Month: _____ Day: _____ Year: _____

2. Eyesight:

Yes No

a. Have you lost use of either eye? _____ R _____ L.....a. ☐ ☐

b. Is peripheral (side) vision restricted?.....b. ☐ ☐

c. Are you color blind?c. ☐ ☐

d. Do you have, or have you ever had, cataracts?d. ☐ ☐

e. Are actual deficiencies corrected by glasses or contact lenses?...e. ☐ ☐

f. Date of last eye examination:f. _____

3. Hearing:

a. Do you have difficulty hearing normal conversation level?.....a. ☐ ☐

b. Do you use a hearing aid?b. ☐ ☐

4. Diabetes:

a. Have you ever been treated for diabetes?a. ☐ ☐

b. Describe current medication and dosage, if any, and method of administration under "remarks."

c. Date of latest blood sugar test:c. _____

5. Heart:

a. Have you ever been treated for heart disease?a. ☐ ☐

b. Describe condition:.....b. _____

c. Describe current medication and dosage, if any, under "remarks."

d. Do you have a pacemaker?d. ☐ ☐

e. Date of last treatment or check-up:e. _____

6. Epilepsy:

a. Have you ever been treated for epilepsy?.....a. ☐ ☐

b. If "Yes," when was your last seizure?.....b. _____

c. Describe current medication and dosage, if any, under "remarks."

List all allergies below

Questions:

7. Blood Pressure:

Yes No

- a. Have you ever been treated for high blood pressure?a. ☐ ☐
- b. If "Yes," when were you treated?b. _____
- c. What was your last reading?c. _____
- d. Describe current medication and dosage, if any, under "remarks."

8. Limbs:

- a. Have you lost an arm or leg?a. ☐ ☐
- b. Have you lost the use of an arm or leg?b. ☐ ☐
- c. Does vehicle have special controls?c. ☐ ☐
- d. If "Yes" to any of the above, describe under "remarks."

9. Miscellaneous:

- a. Have you ever had, or been treated for, Convulsions?a. ☐ ☐
- b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- c. Have you ever had any Fainting Spells?c. ☐ ☐
- d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- e. Have you ever had, or been treated for, Loss of Equilibrium?e. ☐ ☐
- f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- g. Have you ever been treated for Alcohol or Drug Abuse?g. ☐ ☐
- h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- i. Have you ever been treated for Mental Illness?i. ☐ ☐
- j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."

10. What is the date of your last physical examination? _____

11. Are there any restrictions posted on your vehicle operator's license? ☐ ☐

12. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle? ☐ ☐

13. When and for what purpose, did you last consult a doctor?

14. Full Name, address and telephone number of your personal physician.

Name: _____

Address: _____

City & State: _____ Zip: _____

REMARKS:

LIST ALL MEDICATIONS

List all allergies below

The answers to the above are complete, accurate, and true to the best of my knowledge.

Signature of Person Named Above

Date

Authorization For Release

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give _____ Department/Company any such information."

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

Signature of Person Named Above

Date