Vernon Fire District



4/2/2024 Immediately recruiting for an Office/Billing Clerk Until position is filled

The Vernon Fire District is actively recruiting for a part-time (32 hrs. per week) Office/ Billing Clerk. Must be able to work flexible hours and may be required to work some weekends occasionally. The starting wage is \$17.00 per hour. Currently we do not offer any medical insurance or retirement.

Minimum Qualifications

- Must be proficient at QuickBooks, Microsoft Outlook, Word, Excel and math and mathematical reasoning.
- Must have a high school diploma or GED. Minimum of 1 year experience in an office setting or equivalent of education.
- This position uses bookkeeping tools, accounting skills, adding machines and billing software while carrying out their job duties.
- Must have experience using a computer, printer, copier, and any other equipment used in an office setting. In addition, have the ability to troubleshoot this equipment.
- **Customer Service skills are a must.** This person will be required to use written and oral communication skills; read and interpret data, information, and documents; analyze and solve problems in a fast-paced environment while interacting with the Public and Fire District members. Must possess the ability to multitask under time constraints and deadlines. Be a team member and can take directions in this type of environment.
- Must have valid, unrestricted Arizona Driver's license and driving record must meet the District Insurance Company requirements for Driving.
- Must pass a background check.
- Must pass a drug/alcohol test.

All interested qualified persons can obtain an application at vernonfiredistrict.org or at Station 1,

25 County Road 3142 (across from the Vernon Library). You may return your application with proof of your qualifications and references by email to <u>admin@vfdmail.org</u>, mail it to PO Box 400, Vernon AZ. 85940, or drop it off the Vernon Fire District Administration Office, 9 to 4, Monday through Thursday. If you have any questions, please contact 928-537-4895. This position will remain open until it is filled, and all qualified applications will remain on file for six months.

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: Office/Billing Clerk			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:	Expi	iration Date:	
Social Security Number:					
Emergency Contact Number	Contact Pers	son		Relationship	
Are you able to work the required days/hours for this	s position as stated on the	job posting?	[] Yes	[] No	
Have you ever been employed by the Vernon Fire D	istrict? [] Yes	[] No	If yes, from	to	
Position(s) held:		Dep	partment:		
Are you related to any Vernon Fire District employe	e? []Yes	[] No			
If yes, name:		Relationship:			
Have you been convicted (found guilty, or plead gui This includes any misdemeanors and felonies (i.e., a Influence (DUI); Driving While Intoxicated (DWI), resulted in fines, community service, probation, or ja by a court of law. Please be very careful in completin necessarily bar you from further consideration.	failure to appear in court, ail/prison time. Applicants	, larceny, shoplifting, is are not required to r	trespassing, etc.). S report convictions the	Such convictions may hat have been expung	y have ged or sealed
Offense			Approxim	nate Date (Month/Yea	ur)
Have you ever been requested or forced to resign fro If yes, please explain:	m a position for miscondu	uct or unsatisfactory s	service?Ye	esNo	

EDUCATION	: Circle	highest	grade	or degr	ee leve	l comple	eted							
Grade School	1	2	3	4	5	6	7	8						
High School	9	10	11	12	G	raduate	Yes	No	GED	Yes	No			
College	AAS	AA	BA	BS	MA	MS	PhD	Othe	er:		-			
Are you present	tly attend	ling sch	nool?	Yes	No	If yes,	number	of seme	ster hours	: Cur	rent	Total_		
College or Univ	versity N	ame				Lo	ocation				Field of	Study		Degree
Other Training:	Name a	nd Loca	ation of	School	(s)			Course	Name				Da	ate Course completed
Current Profess	ional Re	gistratio	ons/Cert	tification	ns			Numb	er			1	E	Expiration Date(s)
		<u> </u>												· · · ·
Professional Mo	embershi	ips (Do	not inc	lude tho	se whic	h indica	ite race.	. color. o	rigin. sex.	age, rel	igious be	eliefs or d	lisabled stat	us.)
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Computer Skills: Please circle the items below that you are proficient at.									
Microsoft Word	Excel	Microsoft Outlook	Power Point	QuickBooks					
	Please list below	v any other computer skills or offic	e equipment you are proficient a	t.					

experience. A resum	e may be attache perience may de	ed but will not be acc etermine whether you	cepted in lieu of comp	ginning with your current pleting the employment re nsideration for the position	ecord. The amount of	experience and the way						
Current Employer:				Job Title:								
Street Address:		# of Employees Supervised:										
City:		State:	Zip Code:	Telephone: ()							
Employment Dates:	From:	To: Tot	tal Time Employed:	Years Months	Hours Per Week:							
Salary: Starting \$	Per	Ending \$	Per	Supervisor:								
Description of Work	:											
Reason for Leaving:			May we o	contact your current emple	oyer? []	Yes [] No						
Employer:				Job Title:								
Street Address:			į	# of Employees Supervise	ed:							
City:		State:	Zip Code:	Telephone: ()							
Employment Dates:	From:	To: Tot	tal Time Employed:	Years Months	Hours Per Week:							
Salary: Starting \$	Per	Ending \$	Per	Supervisor:								
Description of Work	:											
Reason for Leaving:			May we c	contact this employer?	[]	Yes [] No						
Employer:				Job Title:								
Street Address:			#	f of Employees Supervised	d:							
City:		State:	Zip Code:	Telephone: ()							
Employment Dates:	From:	To: To	tal Time Employed:	Years Months	Hours Per Week:							
Salary: Starting \$	Per	Ending \$	Per	Supervisor:								
Description of Work	:											
Reason for Leaving:		May we contact this employer? [] Yes [] No										

Employer:	Job Title:											
Street Address:			# of Employees Supervised:									
City:				State: Zip Code: Telephone: ()								
Employment Dates:	From		To:		Tota	l Time Employed:	Years	Mo	onths	Hours Per Week:		
	T tolli.		10.				Tour					
Salary: Starting \$		Per		Ending	\$	Per		Super	rvisor:			
Description of Wor	k:											
Reason for Leaving	:					May w	e contact th	is empl	oyer?	[] Yes [] No		
Please list the names	and telep	ohone nun	nbers o	of three <u>p</u>	profes	<u>sional references (</u>	co-workers	custom	ners, and	d/or supervisors other than those listed abov		
who may be contact												
						APPLICANT AG	REEMEN	Г				
doctor, hospita conjunction wi	l, clinic, l th that ex	aboratory aminatior	, or ot n, and/	her med or relate	ical fa d cons	cility to furnish an	y medical in nable accor	nformat nmodat	tion with	d drug screen, and I hereby authorize any h reference to me as may be necessary in fitness for duty. I understand that I may and drug screen.		
• If hired, I do he	ereby agro	ee to subn	nit to a	any and a	all req	uired drug and/or a	lcohol testi	ng (as p	er the D	District's Substance Abuse Policy) and to tion pursuant to this release.		
			-				-			will be employed at-will.		
 If hired, I agree and/orpolicies 							cept that the	Distric	ct may c	change, add, or withdraw rules		
-		-			-	· ·	history che	ck on m	ne as pai	rt of the employment process.		
-	at continu	ued emplo	ymen	t in a dri	ving p		-		-	ord and possession and maintenance of a		
			-		-	•				may be terminated at any time.		
 I understand th of the date of d 			omissi	ions of fa	acts ar	re sufficient cause t	or eliminat	on fron	n consid	deration or dismissal if I am hired, regardle		
			ges my	y unders	standi	ng and agreemen	with all co	nditior	ns as sta	ated.		
Signature of A	nlicent								г	Data		
Signature of A	pheam								L	Date		

Approved By:

Date:

Chief Approval: