

PINE-STRAWBERRY FIRE DISTRICT
PO BOX 441; PINE, AZ 85544
928-476-4272
928-476-4634 FAX
pinestrawberryfiredistrict.com



EMPLOYMENT APPLICATION

If additional space is required for any answer, please attach a separate document.

APPLICANT INFORMATION			
Last Name:		First:	
MI:		Date:	
Street Address:			Apartment/Unit #:
City:		State:	ZIP:
Phone:		E-mail Address:	
Date Available:	Social Security No:		Desired Salary: \$
Position Applied for:			
Are you authorized to work in the United States?	YES	NO	
Do you possess a valid Driver License?	YES	NO	State and Number:
Have you ever worked for this company?	YES	NO	If so, when?
Have you ever been convicted of a felony?	YES	NO	If yes, explain:

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate?	YES NO Degree:
College:		Address:	
From:	To:	Did you graduate?	YES NO Degree:
Other:		Address:	
From:	To:	Did you graduate?	YES NO Degree:

REFERENCES	
<i>Please list two professional references.</i>	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

PREVIOUS EMPLOYMENT		
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES NO
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES NO
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES NO

MILITARY SERVICE	
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

DISCLAIMER AND SIGNATURE	
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.	
<p>I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Pine-Strawberry Fire District to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. If employed, I will be required to furnish proof of eligibility to work in the United States.</p>	
Signature	Date: