



HELLSGATE FIRE DEPARTMENT EMPLOYMENT APPLICATION

Position Applying For: Wildland Seasonal Firefighter Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
First Middle Last

Present Physical Address: \_\_\_\_\_  
City ST Zip

Present Mailing Address: \_\_\_\_\_  
City ST Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Have you served in the: Military \_\_\_\_\_ Armed Forces \_\_\_\_\_  
National Guard \_\_\_\_\_ Other \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_

Have you ever been convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a Misdemeanor involving Moral Turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes to the above two questions explain below, the nature of the offense, date and location. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible to be employed in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you fluently speak, read and write English? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak another language? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what? \_\_\_\_\_

Do you regularly take any prescription medication or other drugs that may affect your work for the fire department? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an alcohol or drug abuse problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above two questions please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Address (if less than two years at current): \_\_\_\_\_  
City ST Zip

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_



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EMPLOYMENT HISTORY

Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours work(ed) per week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours work(ed) per week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer's Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours work(ed) per week: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Please list all education levels obtained and any degrees, certificates or licenses:

High School: \_\_\_\_\_ Other: \_\_\_\_\_

AZ State Certificates: \_\_\_\_\_

College: \_\_\_\_\_

WL & EMS Certificates: \_\_\_\_\_



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List three people who can be contacted for references (no relatives or former supervisors):

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Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Do you live in the Hellsgate Fire District?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Do you have a reason to believe that you will not be able to perform any essential job function for the position applied for?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Have you ever been known to schools, employers and/or references by any other name than the one you currently use (including maiden name)? \_\_\_\_\_

Please attach a copy of any Wildland certifications.