

WATER WHEEL FIRE & MEDICAL DISTRICT EMPLOYMENT APPLICATION

10603 N. Houston Mesa Rd, Payson AZ 85541
Phone: (928) 474-3088 • Fax: (928) 372-3392

APPLICATION INSTRUCTIONS:

Read the job description and answer all questions completely, including any supplemental questionnaire forms. Type or print all answers. Sign this application and all other forms. **Resumes may NOT be substituted in lieu of the requested information however, they need to be included with your application.** Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or dismissal from WWFMD. Applications must be **received** by the posted deadline, whether submitted in person, by mail or email. The WWFMD is not responsible for applications that are not received by the posted deadline, are incomplete or are illegible.

GENERAL INFORMATION

Position Applying For: _____

Name (Last, First, MI): _____

SSN : _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

E-mail: _____

Telephone: _____

Message Phone: _____

Do you have a legal right to work in the U.S.? Yes No

All new hires will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with their first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification. WWFMD participates in the E-Verify Program as required by law.

DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Class:
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant **MUST** possess a valid Arizona Driver's License to be hired.

Do you have a High School Diploma or a G.E.D.? Yes No

Are you 21 years of age or older? Yes No

EDUCATION INFORMATION

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Registrations, Licenses, and/or Certifications *that relate to this position:* (use back of sheet if necessary)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

List any specialized training and/or trade schools:

List equipment and/or computer software applications you are proficient in operating:

Specialized Certifications and additional information required for specific field positions:

	Cert Number	Type	Expiration Date
EMT CERT:		<input type="checkbox"/> State <input type="checkbox"/> National	
MEDIC CERT:		<input type="checkbox"/> State <input type="checkbox"/> National	

Are you a Veteran or qualified spouse of a Veteran? Yes No **(Please attach DD214)**

Branch of Service: _____ **Date of Discharge:** _____

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include any experience prior to ten years ago that relates to the position. Your qualifications will be evaluated on the information provided on this application form and, if applicable, any supplemental questionnaire forms.

PLEASE NOTE: RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

Position Title:	Employment Dates (mo/yr)		To:
	From:		
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Time Worked:			
Years:	Months:	Reason for wanting to leave:	
Position Title:	Employment Dates (mo/yr)		To:
	From:		
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked:			
Years:	Months:	Reason for leaving:	
Position Title:	Employment Dates (mo/yr)		To:
	From:		
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked:			
Years:	Months:	Reason for leaving:	

Position Title:	Employment Dates (mo/yr)	From:	To:
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked:			
Years:	Months:	Reason for leaving:	
Position Title:	Employment Dates (mo/yr)	From:	To:
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked:			
Years:	Months:	Reason for leaving:	

Professional References

Name	Address	Telephone	Years known

To assist with verifying previous work experience and/or education, please list other names you have gone by:

Have you ever been terminated, discharged, or resigned in lieu of termination due to misconduct or unsatisfactory service?

Yes No If yes, please name the employer, explain the circumstances, and date (mo/yr).

Have you ever been convicted of a misdemeanor or felony; placed on probation; fined or given a suspended sentence at the federal, state, local, and/or military level?

- *Applicants are not required to report convictions that have been expunged by a court of law.*
- *Note that a conviction does not necessarily bar someone from employment. Each case is considered individually and based on job requirements and employer policies.*

Yes No If yes, please explain the nature of the conviction and the date of the conviction (mo/yr):

PLEASE READ THE FOLLOWING STATEMENTS AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that, any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from Fire District employment.
- I understand that all documents requested and/or submitted, such as, but not limited to a cover letter, resume, certifications, and reference letters, are a part of the total application packet. Failure to submit all required documents shall cause my application to be eliminated from consideration.
- I also authorize the Water Wheel Fire & Medical District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that any offer of employment will be conditional upon the results of a criminal background investigation and a Driver's License check.
- I understand that any offer of employment will be conditional upon the successful completion of a physical examination and a drug screening test.
- I understand that my employment is at-will, and that the terms and benefits provided to me do not constitute any contractual relationship between me and the District is for no definite period of time and is terminable by myself or the District with or without notice or cause. No oral statements or representations made either before or during employment can change or modify this non-contractual and at-will relationship.
- I understand that in consideration for my employment, I agree to comply with all federal, state and local laws, as well as District policies, procedures, rules/regulations and guidelines, which may be changed from time to time.
- If employed, I authorize the District to deduct from my earnings amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not be limited to, damage to or loss of District property, group insurance premiums, uniform costs, lost tools/equipment/supplies, and tuition reimbursement.
- I understand that this application will remain active only for the job opening for which I have applied and will become inactive upon completion of the associated hiring process.
- I understand that it is my responsibility to keep the Fire District advised of any changes of address and/or phone number. I have read the above, understand its content and meaning, and agree to all of its provisions.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

It is the policy of Water Wheel Fire & Medical District to grant equal employment opportunity to all persons in all terms, conditions, and privileges of employment without regard to race, creed, color, sex, religion, national origin, age, marital status, physical/mental disability or veteran status.

Employment Applicant Information Release Waiver

I voluntarily and knowingly authorize, for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Bureau of Criminal Apprehension, personal reference, and/or other persons or organizations, to give record of information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, general reputation, character, and any other information requested to Water Wheel Fire & Medical District and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the Water Wheel Fire & Medical District.

Applicant Name: _____

Applicant Signature: _____

Date: _____

District Employment Policy:

**MOTOR VEHICLE REPORT
DISCLOSURE AND REPORT**

In connection with my application for employment (including contract for services) or membership with the Water Wheel Fire & Medical District.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the three (3) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

(Signature)

(Date)

(Print Name)

(Social Security Number)

(Driver's License Number)

(State)

WRITTEN NOTIFICATION of NONCRIMINAL JUSTICE
CANDIDATE'S PRIVACY RIGHTS

As a candidate who has accepted a contingent job offer from the Water Wheel Fire & Medical District, you are now subject to a national fingerprint based criminal history record check, as part of the pre-employment process, for a non-criminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit must provide you with the opportunity to complete or challenge the accuracy of the information in the record.

- The officials must advise you that the procedure for obtaining a change, correction, or updating of your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on the information in the criminal history record². The Water Wheel Fire & Medical District will allow you two (2) weeks from the date of discovery and prior to the employment start date to correct your state and federal criminal history.

- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

District Policy does not permit us to provide you a copy of the record; however, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/backgroundchecks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward the challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)

Personnel Criminal History Record Privacy and Security
Acknowledgement Statement

All Authorized Personnel are made aware of the guidelines, consequences and liabilities that could occur from unauthorized use of criminal justice information and criminal history record information. Employees are advised of the following:

- It is a class 6 felony in Arizona for a person to:
 1. Give criminal history record information (CHRI) to someone who is not authorized to receive it.
 2. Allow unauthorized access to criminal history information (CHI).
 3. Use criminal history record information (CHRI) for any other purpose other than those provided for in ARS 41-1750.
- Other federal and/or state penalties may apply depending upon the circumstances of the release.
- Unauthorized release could also potentially expose the District to civil liability.
- Access to criminal justice information (CJI) and CHRI via submitted fingerprints could be suspended or cancelled for violations of security and/or violations of the Terms and Conditions in the User Agreement.
- Misuse subjects an employee to discipline up to and including termination.

I acknowledge that I have been advised of the consequences of misuse of criminal justice and criminal history record information.

Employee Name (Print)

Employee Signature

Date