



# Lake Mohave Ranchos Fire District

16126 Pierce Ferry Road  
P.O. Box 611

Phone (928) 767-3300

Dolan Springs, Arizona 86441

Fax (928) 767-3301



## APPLICATION FOR EMPLOYMENT

WHEN COMPLETED PLEASE RETURN TO:

*info@lmrfd.org*

*(no phone calls, please)*

Submittal of a resume is not acceptable as a substitute for this completed application form.  
Complete all sections. Use of the term "unknown" is not acceptable.  
Please print all information.

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, disability or national origin. Applicants may request accommodations needed to participate in the application process consistent with "The Americans with Disabilities Act."*

POSITION FOR WHICH YOU ARE APPLYING (*one position per application, please*)

DATE \_\_\_\_\_

POSITION \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names Used or Known By \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Street Address (if different from mailing address) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

List all residences for the past five years:

Address:		City:	State:	Zip:
From:	To:	Reason moved:		
Address:		City:	State:	Zip:

From:	To:	Reason moved:		
Address:		City:	State:	Zip:
From:	To:	Reason moved:		
Address:		City:	State:	Zip:
From:	To:	Reason moved:		
Address:		City:	State:	Zip:
From:	To:	Reason moved:		
Address:		City:	State:	Zip:

**PERSONAL DATA:**

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of birth: (City / County / State) \_\_\_\_\_

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

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

If yes, provide number: \_\_\_\_\_

Is there any reason you could not acquire an Arizona Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Other States you have possessed a Driver's License: \_\_\_\_\_

Education and Training
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Did you graduate from high school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you did not graduate, last year attended: \_\_\_\_\_ Last year completed: \_\_\_\_\_

Name of last high school attended: \_\_\_\_\_

School address: \_\_\_\_\_

Do you have a GED? \_\_\_\_\_ Yes \_\_\_\_\_ NO (Required to provide a copy of either high school diploma or GED.)

List all colleges, universities and technical schools attended; most recent first.

School Name:	
Address:	
Dates attended: From: _____ To: _____	Semester hours earned:
Degree attained / year:	Major:

School Name:	
Address:	
Dates attended: From: _____ To: _____	Semester hours earned:
Degree attained / year:	Major:

School Name:	
Address:	
Dates attended: From: _____ To: _____	Semester hours earned:
Degree attained / year:	Major:

In the space below, list any training you have acquired that might apply to the position you are seeking. List course(s) and/or training(s) name, description of course(s)/training(s), who provided course(s)/training(s), any certificate(s) issued and dates. (You will be required to provide proof of course(s)/training(s) and/or copies of certificate(s) for all listed course(s)/training(s).)



Employment History
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Please list most recent first. If presently employed, may we contact your employer? \_\_Yes \_\_No

Employer's Name:	Type of business:	
Complete Address:		
Phone Number: (    )	Supervisor's Name:	
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Employer's Name:	Type of business:	
Complete Address:		
Phone Number: (    )	Supervisor's Name:	
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Employer's Name:		Type of business:
Complete Address:		
Phone Number: ( )		Supervisor's Name:
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Employer's Name:		Type of business:
Complete Address:		
Phone Number: ( )		Supervisor's Name:
Job Title / Description:		
Worked from: (mo / yr)	To: (mo / yr)	Reason for leaving:

Explain any breaks longer than 30 days. Use separate sheet of paper if necessary.

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Please, provide any additional comments or information that would be of assistance in considering you for this position. Use separate sheet of paper if necessary.

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**CIVIL LIABILITY:** List any and ALL civil lawsuits in which you have been a party, giving dates and locations, explaining the subject matter and disposition. ALL applicants are subject to a review of credit rating due to employee access to public resources and property, in lieu of bonding. Use separate sheet of paper if needed.

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**DRIVING HISTORY:** Have you ever had your Driver’s License revoked or suspended? If so, list date and location of each occurrence and reasons for revocations or suspended. Applicants are **REQUIRED** to provide a current (within 30 days) Motor Vehicle Division Printout. Use separate sheet of paper if needed.

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All persons applying for a position with the Lake Mohave Ranchos Fire District will be required to provide the documents listed below as applicable to the position for which they have applied. Originals and photocopies are acceptable and may be submitted with the application. However, all required documents must be on file prior to an offer of employment being made for all positions. All photocopied documents are subject to verification, and documents not provided as required will subject the applicant to termination of consideration for employment.

**NOTICE: A resume may be attached to the application but is not acceptable as a substitute for a completed application form.**

**The following documents are required, from all applicants regardless of position for which they have applied. Please, check mark in space provided if documents are attached to application.**

- Social Security Card
- G. E. D. or High School Diploma
- College Transcripts -or- College Degrees

**The following documents are required for emergency services personnel positions, except as noted.**

- Current Driver’s License
- National Registry & State EMT Certification (Administrative applicants excluded)
- Advanced Life Support Certifications (if applicable) (Administrative applicants excluded)
- CPR Card (Administrative applicants excluded.)
- Professional Licenses, Registrations and Certificates

## **STATEMENT OF UNDERSTANDING AND AGREEMENT**

I authorize investigation of all information contained herein and specifically authorize the employers and references to give you any and all information concerning me and by doing so, release all persons, schools, companies, corporations, credit bureaus, government agencies and medical personnel from any liability for any damages that may result from furnishing same to you.

I further agree to submit to alcohol and screening tests, if requested of me, at any time prior to, or during my employment, including but not limited to urinalysis test, polygraph test, blood test, hair sampling, random or announced testing, with or without suspicion.

The District utilizes basic common-sense rules, standards, guidelines and practices in its day-to-day work requirements and employment. Only some of these rules, standards, etc., are in written form. However, both the written and unwritten standards of employment and job performance are in effect. The rules, standards, guidelines and practices (often referred to as "policies") may be amended from time to time at the discretion of the District. I agree to conform to District policies, practices, rules, regulations and guidelines. I further agree that nothing in this application is intended to create an employment contract and that any employment and the terms and benefits provided to me are not intended to and do not constitute any contractual relationship, are for no definite period and are terminable by myself or the District with or without notice or cause. No oral statements or representations made whether before or during employment can change or modify this non-contractual and at-will relationship.

District property and District premises include lockers, closets or other receptacles for storing personal property. The District reserves the right to inspect or search lockers, etc., in the event grounds exist for such inspection or search, or on a random basis. The grounds may include questions, suspicions or investigation of theft or missing property (District or otherwise), possession of alcoholic beverages or illicit drugs, and/or possession of dangerous weapons. I understand and agree that I am subject to the possibility of searches or inspections of my personal effects, lunch bag/box, purse, issued uniforms and other equipment, etc., in the event it is deemed necessary by District. Periodic notices of random inspections may be given.

*Drug and Alcohol Testing:* In order to assure a drug-free work environment, the District prohibits the use, sale, transfer, being under the influence and/or reporting to work after using or ingesting illicit drugs in accordance with department policies. Successful passage of drug testing will be condition for employment and continued employment.

*Sexual Harassment:* Sexual Harassment is defined as any unwelcome sexual advances, requests for sexual favors, or other verbal or physical contact of a sexual nature when (1) submission of such conduct is made a job requirement or causes changes in working terms or conditions, and/or (2) it has the effect and purpose of unreasonably interfering with work performance or creating an intimidating, hostile or offensive workplace. Sexual harassment **will not** be tolerated and will be grounds for immediate termination.

Acquiring and maintaining, in a current status, an Arizona Driver's License and Arizona Emergency Medical Technician Certification are conditions of employment. Failure to maintain both the driver's license and EMT certification will result in termination of employment. [Administrative personnel excluded.]

The District has no specific residency requirement, but it is expected that employees live within or in close proximity to the District area of jurisdiction so as to be available to respond, in a reasonable amount of time, to call-back for incidents. [Administrative personnel excluded.]

In further consideration for my employment, I understand and agree that there are other forms, statements and provisions that have to be completed and agreed to, and these forms, statements and provisions are part of this application and will be included within my employment records.

I have read this Statement of Understanding and Agreement and fully understand and agree with it. By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date