

Application For Employment

Yucca Fire Department

PO Box 327

Yucca AZ 86438

(928) 7666-2300

Edwin R. Cheser - Chief

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):

Position: _____ Career: _____ Part-Time: _____ Date: _____

Last Name: _____ First: _____ Middle: _____

Other Names Used or Known By: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Work Phone: (_____) _____ Cell: (_____) _____

List all Residences for the past 5 years:

Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Reason Moved: _____

Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Reason Moved: _____

Address: _____ City: _____ State: _____ Zip: _____

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Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Reason Moved: _____

Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Reason Moved: _____

Address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ Reason Moved: _____

Personal Data

Social Security Number: _____ Date of Birth: _____

Place of Birth: (City/Country/State) _____

Are you 18 years of age or older: Yes _____ No _____

Do you possess a valid Arizona Drivers License? Yes _____ No _____ D/L Number: _____

If no, is there any reason you could not acquire an Arizona Drivers License? Yes _____ No _____

If yes, please explain: _____

Other States you possess a Drivers License: _____

Education and Training

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: _____ Phone: _____

Do you have a GED? Yes _____ No _____

(All applicants are required to provide a copy of either a Diploma or GED)

List all Colleges, Universities and Technical Schools attended starting from most recent:

School Name: _____

Address: _____ Phone: _____

Dates Attended: From _____ To: _____ Semester Hours: _____

Degree attained / Year: _____ Major: _____

School Name: _____

Address: _____ Phone: _____

Dates Attended: From _____ To: _____ Semester Hours: _____

Degree attained / Year: _____ Major: _____

School Name: _____

Address: _____ Phone: _____

Dates Attended: From _____ To: _____ Semester Hours: _____

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 or training name, description of training, who provided training, any certificate issued and dates. You will be required to provide proof of training or copies of certificates for all listed training.

Employment History

If you are presently employed, may we contact your employer? Yes _____ No _____

Employer Name: _____	Type of Business: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone Number: (____) _____	Supervisor Name: _____
Job Title / Description: _____	
Worked From: _____ To: _____ Reason Leaving: _____	

Employer Name: _____	Type of Business: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone Number: (____) _____	Supervisor Name: _____
Job Title / Description: _____	
Worked From: _____ To: _____ Reason Leaving: _____	

Employer Name: _____	Type of Business: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone Number: (____) _____	Supervisor Name: _____
Job Title / Description: _____	
Worked From: _____ To: _____ Reason Leaving: _____	

Employer Name: _____	Type of Business: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone Number: (____) _____	Supervisor Name: _____
Job Title / Description: _____	
Worked From: _____ To: _____ Reason Leaving: _____	

Explain any breaks longer than 30 days. Use a separate piece of paper if necessary: _____

Please provide any additional comments or information that would be of assistance in considering you for this position: _____

Criminal History: List any and ALL arrests and convictions, providing dates and locations. Please list all charges and disposition. ALL applicants are required to successfully pass a comprehensive background investigation including fingerprinting to determine criminal background.

Civil Liability: List any and ALL civil lawsuits 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.

Driving History: Have you ever had your Driver's License revoked or suspended? If so, list date and location of each occurrence and reason for revocation or suspended. Applicants are REQUIRED to provide a current (within 30 days) Motor Vehicle Division Printout.

All persons applying for a position with the Yucca Fire District will be required to provide the documents listed below as applicable to the position for which you have applied. Originals and photocopies are acceptable and may be submitted with this 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 completed application.**

The following documents are required from ALL applicants regardless of position for which you are applying. Please check the space provided if documents are attached to this application:

_____ Drivers License
_____ Social Security Card

_____ G.E.D. or High School Diploma
_____ College Transcripts -or- Degrees

The following documents are required for Emergency Medical Services Personnel positions, except as noted:

_____ Drivers 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 Certifications
_____ Certificated of Training (Job Related)

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 times 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 of time 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. Under District policy, alcohol is included within the meaning and prohibition of drugs. 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