**Application for Employment**

Tonto Basin Fire District is an Equal Opportunity Employer. It is the policy of the District to make all recruitment, hiring, and placement decisions, as well as other employment decisions, on the basis of the qualifications of the individuals considered for the position to be filled, without regard to race, ethnicity, age, sex, religion, color, national origin, sexual orientation, veteran's status, or non-disqualifying handicap.

Last Name: First Name: Middle Initial:

Other names by which you have been known and dates those names were used:

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Home Telephone: Cell Phone:

Email Address:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Arizona driver's license? \_\_Yes \_\_No DL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the United States? \_\_Yes \_\_No

Do or have you used any illegal drugs? \_\_ Yes \_\_ No If Yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of your relatives, either by blood or marriage, employed with Tonto Basin Fire District? Yes No If so, who?

What position are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? \_\_Yes \_\_No

Have you ever served in the U.S. Armed Services: Yes No

If so, what branch?

Were you given an honorable discharge? Yes No

If so, please provide a copy of DD-214

Are you a member of a National Guard or Armed Forces Reserve Unit? Yes No If yes, identify:

Have you ever been terminated or forced to resign from any position? Yes No

If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of, or pled "no contest" to any crime, including any misdemeanors (excluding minor or civil traffic infractions)? \_\_Yes \_\_No If yes, explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any moving violations that are pending or that you were convicted of (please list)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pending charges, trial, or other court proceedings for any crime, in any jurisdiction, at this time? \_\_\_ Yes No

Have you ever had any license or certificate of any kind revoked, suspended, placed on probation, or have you in any way been sanctioned by, or is any charge or complaint now pending against you? Yes No

Explanation:

**Education/Certifications:**

Did you receive a high school diploma or obtain a G.E.D.? Yes No

Name of school or program:

Mailing address, City, State, Zip:

List colleges, universities, trade, or business schools attended:

 Name: City/State:

 Major: Degree/Highest Level Completed:

 Name: City/State:

 Major: Degree/Highest Level Completed:

 Name: City/State:

 Major: Degree/Highest Level Completed:

Firefighter I and II certified? \_\_Yes \_\_No If Yes, attach a copy of certificate(s).

AZ EMT / CEP certification (circle one)? \_\_ Yes \_\_ No If Yes, attach a copy of certification(s) card.

Wildland Firefighter Certified? \_\_Yes \_\_No If Yes, attach copies of certification(s).

**Training:**

 Description:

 Number: Expiration:

 Description:

 Number: Expiration:

 Description:

 Number: Expiration:

**Skills:**

Do you speak a foreign language? Yes No

List any skills that you possess relating to the position applying for:

**Job Experience:**

Indicate how many years of job experience you've had in the following:

 Firefighter Engineer Officer/IC

 Fire Marshal Fire Inspector EMT

 Paramedic Wildland Hazardous Materials

**Employment History:**

Starting with your present employer, please list your employment history for the past ten (10) years. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please add additional pages if needed.

Current Employer Name: Telephone

Address: City/State: Zip:

Starting Position:

Starting Date: Starting Salary: Current Salary:

Supervisor's Name/Position:

May we contact your employer: Yes No

If no, when can we contact this employer:

List job duties:

Reason for leaving:

Previous Employer Name: Telephone

Address: City/State: Zip:

Starting Position:

Starting Date: Starting Salary: Current Salary:

Supervisor's Name/Position:

May we contact your employer: Yes No

If no, when can we contact this employer:

List job duties:

Reason for leaving:

Previous Employer Name: Telephone

Address: City/State: Zip:

Starting Position:

Starting Date: Starting Salary: Current Salary:

Supervisor's Name/Position:

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Starting Date: Starting Salary: Current Salary:

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If no, when can we contact this employer:

List job duties:

Reason for leaving:

Previous Employer Name: Telephone

Address: City/State: Zip:

Starting Position:

Starting Date: Starting Salary: Current Salary:

Supervisor's Name/Position:

May we contact your employer: Yes No

If no, when can we contact this employer:

List job duties:

Reason for leaving:

**Job Interest:**

Please describe your interest in this position.

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:**

I certify that the information on this application and its supporting documents is accurate and complete. I understand that failure to fully complete this 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 Tonto Basin 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 physical exam, criminal or 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. I understand that staff employees of Tonto Basin Fire District serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a state security questionnaire and state loyalty oath of office, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Tonto Basin Fire Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first **Three Months** of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

By signing below, I acknowledge that all information herein is true and accurate to the best of my knowledge.

Signature: Date: