# Arizona Center for Fire Service Excellence
# EMPLOYMENT APPLICATION

AzCFSE/CO

Timber Mesa Fire and Medical District
3561 E Deuce of Clubs, Show Low, AZ 85901
Phone: (928) 537-5100 • Fax: (928) 537-0029

**APPLICATION INSTRUCTIONS:**
Read the job description before completing the application. 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.** Any omission, misstatement, or falsification may be cause for rejection of this application or discharge from the Center. Applications must be **received** by the posted deadline, whether submitted in person or by mail, e-mail, drop-off, or fax. AzCFSE is not responsible for applications that are not received by the posted deadline, are incomplete or are illegible.

**GENERAL INFORMATION**

Position Applying For: Social Security Number:

Name (Last, First, MI):

Mailing Address:

City: State: Zip Code:

E-mail Address: 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.

**EDUCATION, TRAINING, AND SKILLS**

***Proof of Education, Professional Registration(s), License(s), and Certification(s) may be required prior to hire.***

**Do you have a High School Diploma or a G.E.D.?** ☐ Yes ☐ No *If no, please indicate highest grade completed:*_____

**EDUCATION INFORMATION:**

| Name of High School / College / University: | Major: | Type of Degree: | Degree Completed: | Credit Hours: |
|---|---|---|---|---|
| | | | ☐ Yes ☐ No | |
| | | | ☐ Yes ☐ No | |
| | | | ☐ Yes ☐ No | |

Applicant's Name: _____

**Professional Registrations, Licenses, and/or Certifications *that relate to this position*: (i.e., Firefighter I/II, EMT, Paramedic, etc.) Use additional sheet if necessary.**

| Type of Professional Registration, License, and/or Certification: | License Number (if applicable): | Date Received: | Expiration Date (if applicable): |
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**List any specialized training or additional education:**

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_____

_____

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_____

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

_____

_____

_____

_____

_____

**DRIVER'S LICENSE INFORMATION:**

| Do you have a valid Driver's License? | Driver's License Number: | State: | Classification: |
|---|---|---|---|
| ☐ Yes ☐ No | | | |

**Are you a Veteran?** Yes ☐ No ☐ **Branch of Service:** _____ **Date of Discharge:** _____
***(Please attach DD214)***

Applicant's Name: _____

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Provide detail for multiple jobs with single employer. 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) From:** | | **To:** |
| Employer: | | Phone #: | |
| Address: | City: | State: | Zip: |
| Direct Supervisor: | | | |
| Number of Employees Supervised: | | | |
| Primary Job Duties: | | | |
| **May we contact your present or most current employer?** ☐ Yes ☐ No | | | |
| Total Time Worked: Years: | Months: | Reason for leaving: | |

**IF NECESSARY, YOU MAY MAKE ADDITIONAL COPIES OF THIS SHEET.**

| | | | |
|---|---|---|---|
| **Position Title:** | **Employment Dates (mo/yr) From:** | | **To:** |
| Employer: | | Phone # | |
| Address: | City: | State: | Zip: |
| Direct Supervisor: | | | |
| Number of Employees Supervised: | | | |
| Primary Job Duties: | | | |
| Total Time Worked: Years: | Months: | Reason for leaving: | |

| | | | |
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Applicant's Name: _____

| **Position Title:** | **Employment Dates (mo/yr) From:** | **To:** |
|---|---|---|
| Employer: | Phone # | |
| Address: | City: State: | Zip: |
| Direct Supervisor: | | |
| Number of Employees Supervised: | | |
| Primary Job Duties: | | |
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| Primary Job Duties: | | |
| Total Time Worked: Years: Months: | Reason for leaving: | |

Applicant's Name: _____

**PROFESSIONAL REFERENCES:**

| Name | 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 performance or service?**

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

_____

_____

**Have you ever been convicted of committing, are awaiting trial, or been placed on probation for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)?**

- *You must answer YES even if the matter was later dismissed, deferred, vacated, expunged or had any other legal action taken that may have removed the matter from court records.*
- *If you answer YES, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).*

**Note: Prior criminal history shall not automatically disqualify an individual for employment.**

☐ Yes ☐ No Explanation: _____

_____

_____

_____

**EMPLOYMENT POLICY**

It is the policy of Arizona Center for Fire Service Excellence 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, sexual orientation or veteran status.

***THE ARIZONA CENTER FOR FIRE SERVICE EXCELLENCE IS AN EQUAL OPPORTUNITY EMPLOYER***

Applicant's Name: _____

**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 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 Arizona Center for Fire Service Excellence (AzCFSE) 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, social security verification, and a driver's license check (if applicable to the position).
- I understand that any offer of employment will be conditional upon the successful completion of a drug screening test.
- I understand that my employment is at will, that the terms and benefits provided to me do not constitute any contractual relationship between myself and the AzCFSE, is for no definite period of time and is terminable by myself or the AzCFSE 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 AzCFSE policies, procedures, rules/regulations and guidelines, which may be changed from time to time.
- If employed, I authorize the AzCFSE 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 AzCFSE property, group insurance premiums, tuition reimbursement, and lost tools/equipment/supplies.
- 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 AzCFSE 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: _____

## 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 The Arizona Center for Fire Service Excellence and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the AzCFSE.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____