## APPLICATION FOR EMPLOYMENT

## FRY FIRE DISTRICT HEADQUARTERS

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## PLEASE TYPE OR PRINT – USE INK ONLY

This form is required for employment and must be filled out <u>completely</u> . A resume is encouraged, however, will not be accepted in lieu of a completed application. Incomplete applications will be rejected.					Position I	Desired:						
Name:							AVAILABILITY:					
Address:	Address:							Immediate				
Apt. No.:							Other (Specify)					
City/State/Zip:							Facsimile	:				
Telephone – Home	e:			Telep	ohone – Work:							
Message Phone:	fessage Phone: E-mail:											
			GENE	RAL	INFORMAT	TION						
Type of work you	will accept (ch	eck appro	opriate boxes):		Full Time:		l YES	Part-tin	ne:	□ YES		
Temporary:	□ YES	Seasona	al:	YES	Shift Work:		l YES	Weeke	nd Work:	□ YES		
Are you legally au	thorized to wo	rk in the	USA? NOTE: Pr	oof of aut	horization will be re	equired on h	niring.	YES	□NO			
Have you worked	under any othe	r name?	□ YES □ ì	NO If	YES, what nam	ne						
Do you possess a v	alid driver's lic	cense?	□ YES	□ NO	If YES,	number:						
State of issue:			Commercial dr	iver's li	cense class:							
	Endorsements:											
Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?												
If Yes, date of terr	mination:											

Have you been convicted of a crime by a court of law within the last 10 years? (A conviction will not necessarily bar you ☐ YES ☐ NO from employment.)								
Where:				Whe	n:			
Nature of Charges:								
Disposition of Case(s):								
		EDUCATIO	N AND TI	RAIN	ING			
	Name o	of School		Diplo	omas/degree	es/certificates/etc	Dates Attended	
High School								
Colleges & Universities								
Colleges & Universities								
Technical or Trade Schools								
Training and/or Certifications								
Have you completed an apprer	ticeship?	□ YES □ NO	Which craft	z(s):				
	ОТ	THER SKILLS A	AND QUA	LIFI	CATION	IS		
What office machines do you of	operate?							
Computer software and/or mai					Typing Speed:	WPM		
List any special technical or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means:								
			1 N. I. S.	ID	LOE			
EMPLOYMENT EXPERIENCE								

Be sure to complete all sections of this application completely and accurately to the best of your ability. Your application will be used as part of the examination process and therefore, should represent your best effort. **Beginning with your present or most recent employment** and working back, list the last four positions you held. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. If more space is needed, please attach additional sheet.

## A RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION. DO NOT REFERENCE "SEE RESUME". INCOMPLETE APPLICATIONS WILL BE REJECTED.

RESUME . INCOMI	LETE ATTEICATIO	NS WILL BE REJE	CIED.				
May	inquiry be made of yo	our present employer?				□ YES	□NO
Name & address of employ Telephone:	ying firm:						
Immediate supervisor:			Dates (month	& year):	From	То	
Your job title:			Reason for le	aving:			
Ending salary:		Description of work:					
Name & address of emplo	oying firm:						
Immediate supervisor:			Dates (mont	th & year):	From	То	
Your job title:			Reason for l	leaving:			
Ending salary:		Description of work:					
Name & address of emplo	oying firm:						

Immediate supervisor:			Dates (mon	th & year):	From	То
Your job title:			Reason for I	leaving:		
Ending salary:		Description of work:				
Name & address of emplo	oying firm:					
Immediate supervisor:			Dates (mon	th & year):	From	То
Immediate supervisor: Your job title:			Dates (mon		From	То
		Description of work:	Reason for		From	То
Your job title:		Description of work:	Reason for		From	То
Your job title:		Description of work:	Reason for		From	То
Your job title:		Description of work:	Reason for		From	То
Your job title:		Description of work:	Reason for		From	То
Your job title:		Description of work:	Reason for		From	То

PROFESSIONAL REFERENCES ee persons (non-related) who can speak knowledgeably of your ability to do the job:  List thr							
NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN			

VETERAN'S INFORMATION								
Have you served on active duty in the US military service?								
If YES, provide dates of service:	Date of entry:		Date of release:	1	Date of retireme	ent:		
Did you receive the Armed Forces, Marine Corps and Navy Expeditionary Medal or Southeast Asia ☐ YES ☐ NO Service Medal for opposed action of foreign soil?								
If YES, where did you serve?								
Have you ever used veteran's preference to	obtain employn	nent?			□ YES □	] NO		
Proof of military service or relea	se from active d	uty papers (Fo	rm DD214) must	be submitted wit	h this application	on.		
AGREEM		FICATION, ease read car	AND AUTHO efully)	RIZATION				
I authorize my current and former employer(s) to provide Fry Fire District representatives any information regarding my current and former employment. I understand that such information may or may not help my application for employment with the Fry Fire District.								
I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above are knowing, intelligent, and voluntary acts.								
I understand that as a condition of employment, a background check will be conducted and I must pass a <b>pre-employment physical examination.</b> The background includes reference checks, a criminal history, and driving record check. Certain positions require drug and alcohol testing, credit checks, fingerprinting, and a psychological examination.								
I understand that as a condition of employment, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.								
I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.								
Signature of Applicant:				Date of Applicat	ion:			
Notice: In order to be accepted for consideration, all applications must be completed, signed and dated. Incomplete applications will be rejected.								