



# RINCON VALLEY FIRE DISTRICT EMPLOYMENT APPLICATION

<b>OFFICE USE ONLY</b>
Date Issued: _____
Date Received: _____
Date Notified: _____

Administrative Office • 14550 E. Sands Ranch Rd • Vail, AZ 85641  
 Phone: (520) 647-3760 Fax: (520) 647-7102

Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

**APPLICATION INSTRUCTIONS:**

Read the application and 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, removal of your name from an eligibility list, or dismissal from RVFD. Applications must be **received** by the posted deadline. **Applications and resumes, along with copies of certifications, may be emailed to: hr@rinconvalleyfd.org.** RVFD is not responsible for applications that are not received by the posted deadline, are incomplete or are illegible.

**Applicant Information**

Name (Last, First, MI): \_\_\_\_\_ SSN : \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Have you applied to this department before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

To assist with verifying previous work experience and/or education, please list other names you have gone by:

Are you a Citizen of the United States?  Yes  No

If no, are you legally authorized to work in the U.S?  Yes  No

Are you 18 years of age or older?  Yes  No

**DRIVER'S LICENSE INFORMATION**

Do you have a valid AZ Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number:	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Classification:
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List any CDL endorsements: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**Have you ever been convicted of a crime at the federal, state, local, and/or military level?**

Yes  No If yes, please explain the nature of the conviction and the date of the conviction (mo/yr):

*Note that a conviction does not necessarily bar someone from employment. Each case is considered individually and based on job requirements and employer policies.*

**Military Service**

**Branch of Service:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**(Please attach a copy of your Release or Discharge from Active Duty documentation).**

**Education**

**Do you have a High School Diploma or a G.E.D.?**  Yes  No

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Specialized Certifications and additional information required for specific field positions:**

	Cert Number	Type	Expiration Date
EMT CERT:		<input type="checkbox"/> State <input type="checkbox"/> National	
MEDIC CERT:		<input type="checkbox"/> State <input type="checkbox"/> National	

**Professional Registrations, Licenses, and/or Certifications that relate to this position: (use back of sheet if necessary)**

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

**List any specialized training and/or trade schools:**

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

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

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

Applicant's Name: \_\_\_\_\_

**Work Experience**

Begin with your present or most recent employer. List all jobs, paid or volunteer. 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.

<b>Position Title:</b>	<b>Employment Dates (mo/yr)</b>	<b>From:</b>	<b>To:</b>
Employer:		Phone #	
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Time Worked: Years:	Months:	Reason for leaving:	
<b>Position Title:</b>	<b>Employment Dates (mo/yr)</b>	<b>From:</b>	<b>To:</b>
Employer:		Phone #	
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked: Years:	Months:	Reason for leaving:	
<b>Position Title:</b>	<b>Employment Dates (mo/yr)</b>	<b>From:</b>	<b>To:</b>
Employer:		Phone #	
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked: Years:	Months:	Reason for leaving:	
<b>Position Title:</b>	<b>Employment Dates (mo/yr)</b>	<b>From:</b>	<b>To:</b>
Employer:		Phone #	
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	# of Employees Supervised:	
Primary Job Duties:			
Total Time Worked: Years:	Months:	Reason for leaving:	

IF NECESSARY, YOU MAY MAKE ADDITIONAL COPIES OF THIS SHEET

Applicant's Name: \_\_\_\_\_

Please list at least three professional references:

**References**

Name	Address	Telephone	Years known

**Disclaimer and Signature**

**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 Fire District 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 Rincon Valley Fire District 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, fingerprint clearance, and a Driver's License check.
- I understand that any offer of employment will be conditional upon the successful completion of a physical examination and a drug screening test.
- I understand that my employment is at will, which the terms and benefits provided to me do not constitute any contractual relationship between myself and the District is for no definite period and is terminable by myself or the District 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 District policies, procedures, rules/regulations and guidelines, which may be changed from time-to-time.
- I understand that it is my responsibility to keep the Fire District 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: \_\_\_\_\_

It is the policy of Rincon Valley Fire District 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 or veteran status.

**RINCON VALLEY FIRE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER**

## **Employment 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 Rincon Valley Fire District and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the Rincon Valley Fire District.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_