



8555 E Yavapai Road  
Prescott Valley, AZ 86314

(928) 772-7711  
www.cazfire.org

## VOLUNTEER EMPLOYMENT APPLICATION

### Read the following instructions carefully before completing application:

All requested information must be furnished, including information requested on supplemental questionnaires. The information you provide will determine your eligibility and qualifications for volunteer employment or further examination. If a category does not apply, write **N/A** for Not Applicable. Note, for completing "Employment History," fill in **ALL** spaces accurately and completely. Include all related employment, volunteer and military work experience. **PLEASE DO NOT WRITE "SEE RESUME"**. All information contained on the application is subject to verification. Any omission, misstatement or falsification may be cause for rejection of this application, removal of your name from an eligibility list or discharge.

POSITION APPLYING FOR:

**FIRE CORP VOLUNTEER**

DATE:

### GENERAL INFORMATION

(Please type or print legibly with ink)

NAME \_\_\_\_\_

(Last name)

(First name)

(Middle name)

HOME ADDRESS: \_\_\_\_\_

(Street)

(City)

(State)

(Zip code)

MAILING ADDRESS: \_\_\_\_\_

(Street/PO Box)

(City)

(State)

(Zip Code)

PHONE: \_\_\_\_\_

MSG PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

YES

NO

Have you applied for a position with Central Arizona Fire and Medical in the past? \_\_\_\_\_

YES

NO

Have you been employed by Central Arizona Fire and Medical in the past? \_\_\_\_\_

YES

NO

How did you learn about this volunteer opportunity? \_\_\_\_\_

**GENERAL INFORMATION continued...**

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

**EDUCATION**

Do you have a High School Diploma or G.E.D.?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Name of school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

List colleges, universities, trade or business schools attended or any other training:

College/University (circle highest completed)      1      2      3      4      5      6

Name \_\_\_\_\_ Location \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

**TRAINING**

List position-related licenses, registrations, certificates or professional memberships.

Description

Number

_____	_____
_____	_____
_____	_____

List any skills that you possess that might be related to CAFMA operations:


Indicate with an "X" on the job experience in the following:

Fire Service	Vehicle Maintenance	Building Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse	Grounds keeping	Clerical/Office work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer applications	IT/Communication	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EMPLOYMENT HISTORY

Applicant **must account for previous 10 years of work history**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Current Employer Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Starting position \_\_\_\_\_

Start date \_\_\_\_\_

Starting salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Ending position \_\_\_\_\_

End date \_\_\_\_\_

Ending salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

May we contact your employer? \_\_\_\_\_

YES \_\_\_\_\_

NO \_\_\_\_\_

List job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Starting position \_\_\_\_\_

Start date \_\_\_\_\_

Starting salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Ending position \_\_\_\_\_

End date \_\_\_\_\_

Ending salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

List job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### EMPLOYMENT HISTORY continued...

Applicant **must account for entire work history**, especially any gaps in employment. Please provide a **complete explanation for employment gaps**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Previous Employer Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Starting position \_\_\_\_\_

Start date \_\_\_\_\_

Starting salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Ending position \_\_\_\_\_

End date \_\_\_\_\_

Ending salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

List job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Starting position \_\_\_\_\_

Start date \_\_\_\_\_

Starting salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Ending position \_\_\_\_\_

End date \_\_\_\_\_

Ending salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

List job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## APPLICATION QUESTIONS

YES answers to the following four questions will not necessarily result in denial of volunteer employment. CAFMA will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility, qualifications and suitability for employment. Attach additional sheets if necessary.

**Have you ever been arrested for, convicted of, admitted committing, are awaiting trial, or have 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).

YES     NO    Explanation: \_\_\_\_\_

**Have you ever been dismissed, fired or released from any position, paid or volunteer held for any length of time, resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending?** You must answer YES even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer YES, you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

YES     NO    Explanation: \_\_\_\_\_

**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?** If you answer YES, you must provide the dates of the proceedings, name, address and telephone number of the agency or licensing body where proceedings took place, a statement of the accusations against you and the final disposition.

YES     NO    Explanation: \_\_\_\_\_

**Are you now being investigated for any reason by any licensing, certification or other regulatory body or by your current or any previous employer?** If you answer YES, you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES     NO    Explanation: \_\_\_\_\_

## CERTIFICATION, AUTHORIZATION, RELEASE AND WAIVER

### READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this Volunteer Employment Application is true and complete and I understand and agree that the application process or my employment with CAFMA may be immediately discontinued if misrepresentations, falsified statements or material omissions are found to have been made. I authorize investigatory agencies, schools, former employers and former supervisors to provide any and all information pertinent to my employability, and hereby release those providing such information from any liability for doing so.

I understand that volunteer employment, if offered, is contingent upon satisfactory results of a drug screening, employment verification, criminal background check utilizing fingerprint analysis and motor vehicle report as required by the Authority. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and lawful authorization to work in the U.S. and completing a form I-9.

I also understand that CAFMA, being an at-will employer may terminate my volunteer employment at any time, with or without cause and without liability and that my employment does not constitute a contract of employment between myself and the Authority. I will comply with and be governed by all federal and/or state laws, and Authority policies, rules, and procedures as may be in effect. If requested by the management at any time, I agree, while on Fire Authority property, to submit to the search of my person, possessions, cars, or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I may be required to take a physical examination, at company expense, at any time, to determine if I am physically fit for the job I am to perform, including drug testing for probable cause, random testing, or pre-employment screening. I authorize any physician or hospital to release any information to the Fire Authority which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment, or in the future, during employment with the company, including drug testing information.

I further understand that this is an application for volunteer employment only and that no employment contract of any kind is being offered or implied. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

In submitting this application, I further understand that all application materials provided become public record and property of the Central Arizona Fire and Medical Authority and will not be returned. Public records are required by law to be made available during normal business hours to any person, including the news media.

I have read and understand the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Central Arizona Fire and Medical Authority is an Equal Employment Opportunity/  
Affirmative Action Employer.

Human Resources Division at (928) 772-7711.

## RELEASE AUTHORIZATION

This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current volunteer employee, a candidate for volunteer employment or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

*I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:*

- A. Criminal conviction records in any jurisdiction;
- B. Driving record in any state;
- C. Educational and Professional Certification records in any jurisdiction;
- D. Work performance, attendance and job related information.

I agree to assist in this effort by contacting former employers and asking for full disclosure of my employment history.

*I further understand that information obtained may be used by this employer in its sole discretion and without liability, to determine eligibility for initial or continued volunteer employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.*

*I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following must be filled out completely for your application to be considered (Please print).

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Other names by which you have been known and the dates those names where used

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Driver's license number

\_\_\_\_\_  
State of issue

**CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY  
VOLUNTEER APPLICANT PROFILE**

**To all applicants:** The Central Arizona Fire and Medical Authority is an Equal Opportunity Employer. This information is completely voluntary, filed separately from your application, and will not be used for employment decisions. We use this information to track applicant statistics for EEOC purposes. We consider applicants for all positions without regard to race, color, religion, ancestry, natural origin, sex, age, handicap, or disability or any other legally protected status. We appreciate your willingness to take the time to give us this information. Thank you.

Position applied for:       **FIRE CORP VOLUNTEER**       Date of application: \_\_\_\_\_

Gender: \_\_\_\_\_ Male      \_\_\_\_\_ Female

Age group: \_\_\_\_\_ 18-30      \_\_\_\_\_ 31-40      \_\_\_\_\_ 41-50      \_\_\_\_\_ 51-60      \_\_\_\_\_ 61 - plus

Ethnic group:

White \_\_\_\_\_

Black \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian or Pacific Islander \_\_\_\_\_

Native American \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Specify

Do you consider yourself to be disabled? \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ YES      \_\_\_\_\_ NO