



Central Arizona Fire and Medical Authority
 8603 E Eastridge Dr.
 Prescott Valley, AZ 86314

(928) 772-7711

www.cazfire.org

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 employment or further examination. If a category does not apply, write **N/A** for Not Applicable. When completing "Employment History," fill in **ALL** spaces accurately and completely. Include all related employment, volunteer and military work experience. **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: _____

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 CAFMA, Central Yavapai Fire District or Chino Valley Fire District in the past? YES NO

Have you been employed by CAFMA, Central Yavapai Fire District or Chino Valley Fire District in the past? YES NO

How did you learn of this job opportunity?

GENERAL INFORMATION continued...

Date available for work _____

Do you have a legal right to work in the U.S.? YES NO

If yes, you will need to show proof of work eligibility to be employed.

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	Expires
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Firefighter Engineer Captain Fire Marshal Fire Inspector
 EMT Paramedic Wildland Hazardous Materials _____

Other skills:

Receivables Payables Payroll processing Multi-line phones Filing
 Customer service Writing correspondence Meeting minutes
 Computer proficiency: Word Excel Access Powerpoint Publisher

EMPLOYMENT HISTORY

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 copied if needed.

Current or Most Recent 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 copied 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:

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 copied 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:			

If you need more space for Employment History, please photocopy this page.

GENERAL HISTORY

Please provide a list of all previous residences:

City	County	State	Length of time
City	County	State	Length of time
City	County	State	Length of time
City	County	State	Length of time
City	County	State	Length of time

Have you been employed by or affiliated with any other Fire Department, Fire District, Rescue, or Ambulance Company – whether on a paid-full time, on call or volunteer basis?

YES NO

If so, please provide the following information:

Name of Organization	Dates	In what capacity – FT/PT/Volunteer?
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APPLICATION QUESTIONS

Please provide complete answers to the following questions. Investigation into YES answers will only occur after an offer of employment has been extended. Your complete written explanation will assist the employer in determining your qualifications and suitability for employment. Convictions of a criminal offense will be reviewed thoroughly and can have a bearing on one's employment. Attach additional sheets if necessary. Any omission, misstatement or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge.

Have you ever been 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, please 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, please 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, 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 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 employment, if offered, is contingent upon satisfactory results of a drug screening, employment verification, federal and state criminal background check utilizing fingerprint analysis, motor vehicle report and physical and psychological examination (if applicable) as required by the Agency, and I hereby give my consent to such background investigation, and I understand that I have the right to request a review of criminal history findings by making a written request. 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 completion of a Form I-9.

I also understand that CAFMA, being an at-will employer, may terminate my 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 Agency. I will comply with and be governed by all federal and/or state laws, and District 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 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 the 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 upon proper request, 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.

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 after I have received a conditional offer of employment. 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, if requested, 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 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. I also acknowledge that I may request review of my criminal history records by making a written request to Human Resources.

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

Driver's license number

State of issue

CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
8603 E EASTRIDGE DR
PRESCOTT VALLEY AZ 86314
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CURRENT/PREVIOUS EMPLOYER REFERENCE REQUEST

Applicant Section: Fill out entire TOP portion of form. Complete one form each for your three (3) most recent employers. Sign the form where indicated to authorize the release of this information to us. We will only contact your employers after you have received a conditional offer of employment. Please leave this form attached to your application, and do not give it to your previous employers.

Current or previous employer name: _____

Company address, City, State, Zip: _____

Supervisor: _____ Phone: _____ Fax #: _____

Applicant name: _____ Social security number: _____

Your position at the above named company: _____

Dates of employment: from _____ to _____

Reason for leaving: _____

Applicant signature: _____ Date: _____

Employer section: To be completed by CAFMA HR.

Name & title of person responding to this request: _____

Signature: _____ Contact phone: _____

Does the above information (position, dates of employment, reason for leaving) agree with your records?

____ YES ____ NO If no, please explain: _____

Would you rehire? ____ YES ____ NO If no, please explain: _____

Please rate the applicant's job performance:

Characteristic	Excellent	Above Average	Average	Poor	Comments
Quality of work					
Quantity of work					
Attendance					
Attitude and cooperation					
Dependability					
Professional knowledge					
Interpersonal relations					
Learning ability					

Current or ending salary \$ _____ per _____ Additional comments: _____



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CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY
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: _____ 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