



EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

SEDONA FIRE DISTRICT

We help people through safe, friendly, and dedicated service.

2860 Southwest Drive

Sedona AZ 86336

Human Resources: Telephone: (928) 204-8905 Fax: (928) 204-8916

It is the policy of Sedona Fire District to grant equal opportunity to all persons in all terms, privileges and conditions of employment without regard to age, race, color, sex, religion, disability, genetic information, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Job applying for: _____ Date: _____

Are you seeking employment for: Career Reserve (Check all that apply)

PERSONAL INFORMATION (Please type or print)

Name: _____
Last Name Full First Name Full Middle Name

Mailing Address: _____ (Last 3 years)
Street/P.O. Box City State Zip How Long:

Street Address: _____
Street City State Zip

Phone: () _____ () _____
Home Work How Long:

Previous Address: _____
Street/P.O. Box City State Zip How Long:

Previous Address: _____
Street/P.O. Box City State Zip How Long:

Previous Address: _____
Street/P.O. Box City State Zip

Have you previously applied for employment with this District? Yes No If so, when? _____

Have you ever worked or attended school under another name? Yes No

If yes, what name? _____

When? _____ Where? _____

Are you over 18 years of age? Yes No (If hired, you may be required to submit proof of age)

Are you currently employed? Yes No

If Yes, may we contact your current employer? _____

When are you available for work? (List Date) _____

Have you ever been fired from a job or asked to resign? Yes No

If Yes, please explain: _____

If hired, can you provide proof you are eligible to work in the United States? Yes No

EDUCATION

School and Location

High School or GED _____ Dates Attended (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No

College/University _____ Dates Attended (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip _____

Degree(s) _____ Date Completed _____

_____ Date Completed _____

Professional Designations _____

Trade, Business or Correspondence School _____ Dates Attended (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip _____

_____ Dates Attended (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip _____

Are you a Veteran or qualified spouse? Yes No Branch of Service _____

Date Discharged: _____ Please attach DD214. (If applicable)

Do you speak a foreign language? Yes No If yes, what language(s) and to what proficiency?

_____ Fluent _____ Good _____ Fair

_____ Fluent _____ Good _____ Fair

AZ EMT/IEMT/CEP Certification #: _____ Please attach copy of card.

Firefighter I and II certified? Yes No Please attach copy of certificate(s).

EMPLOYMENT HISTORY

**Note: A job offer may be contingent upon acceptable references from current and former employers.*

Starting with your present employer, please list your employment history for the past 10 years. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please use blank pages for additional room.

1. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address City State Zip
Job Title _____ Dates of Employment:
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____
May we contact your supervisor?
 Yes No

2. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address City State Zip
Job Title _____ Dates of Employment:
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____

3. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address City State Zip
Job Title _____ Dates of Employment:
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____

4. Employer _____ Starting Salary: _____
_____ Ending Salary: _____
Mailing Address City State Zip
Job Title _____ Dates of Employment:
Work Performed _____ From: _____
Reasons for Leaving _____ To: _____
Office Telephone Number _____
Immediate Supervisor: _____

UNDERSTANDINGS AND CERTIFICATION

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsification of information or omission of material facts on this application shall be grounds for dismissal if discovered at a later date.
- I understand that all documents requested are a part of the total application. That includes evidence of certifications. If not submitted as directed, my application will not be considered.
- I understand that no offer or promise of employment has been made by acceptance of this application.
- I understand that Sedona Fire District will conduct a background check, and contact former employers. I release all parties from all liability for any damages that may result from this investigation.
- I understand that any offer of employment will be conditional upon the results of a criminal history background investigation and a driver’s license check.
- I understand that any offer of employment may be conditional upon the results of a physical examination, including a pre-employment drug screen and a psychological exam and oral interview.
- I understand the probationary period (1 year) of employment is at will of both parties. During this time, employment can be terminated at any time with or without cause.
- I understand that this application will remain active only throughout the duration of the subsequently established eligibility list.

Signature

Date

For Office Use Only / Sedona Fire District

Date of Receipt: _____

By: _____

CONFIDENTIAL INFORMATION

Have you ever been terminated, discharged, or forced to resign from any position? Yes No

If yes, please name the employer, explain the circumstances, and date of occurrence:

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY.

Sedona Fire District conducts an extensive background investigation of criminal history. A criminal conviction does not constitute an automatic bar to employment. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for employment with the Sedona Fire District. If you fail to list all required convictions, your application will not receive further consideration and you will not be considered for employment of a minimum of six months.

“Crime” as used in this section means any and all felonies, misdemeanors, and serious driving offenses. “Crime” does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for clarification.

“Convicted” means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received suspended sentence.

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Yes No

If you answered yes to this question, please give details including the offense(s) for which you were convicted, date of conviction, and jurisdiction (court, city, county, and state). If an offense has been set aside or expunged, please give date of action.

Charge: _____ Date: _____ Jurisdiction: _____

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time? Yes No

If you answered yes to this question, please give details including the offense(s) for which you are currently pending charges and jurisdiction (court, city, county, and state).

Charge: _____ Date: _____ Jurisdiction: _____

PLEASE READ THE FOLLOWING STATEMENT 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 District service. I also authorize Sedona Fire District Human Resources Department or its designee to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment. It is my responsibility to keep the Human Resources Department advised about any changes of address and/or phone number.

I understand that I will be fingerprinted and employment with Sedona Fire District is contingent upon successful completion of the background check.

Applicant's Printed Name: _____

Applicant's Signature

Date

EMPLOYMENT POLICY

Applicants are considered solely on the basis of their qualifications as required for the position they seek, and no discrimination is exercised because of their political or religious opinions or affiliations, or because of their race, creed, color, sex, national origin, age physical/mental handicap or veteran status. A standard review period must be served. However, it may be shortened or extended depending on the incumbent's performance. Sedona Fire District is an Equal Opportunity Employer.

Safety-Sensitive Position Supplemental Questionnaire

Please complete the following section:

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

List any CDL endorsements:

<p>In the past three years, have you had any minor and/or major traffic offenses that resulted in your paying a fine and/or receiving a conviction?</p> <p><i>Some examples include: speeding, reckless operation, hit-and-run, D.U.I., moving and non-Moving violations, etc.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "YES", please provide information about the traffic offense(s) (attach additional sheets if needed):

Offense	Date

<p>Have you tested positive, or refused a test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Have you ever been denied a position on the basis of a positive drug or alcohol test?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby certify that all statements contained herein are true to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligible list, or discharge from Sedona Fire District service. I understand that this information is subject to verification with my former employers.

Applicant Printed Name

Applicant Signature

Date