



EMPLOYMENT APPLICATION

AVRA VALLEY AND THREE POINTS FIRE DISTRICTS



It is the policy of the Avra Valley and Three Points Fire Districts to grant equal opportunity to all persons in all terms, privileges and conditions of employment without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, military status, or disability.

I am applying for, please check on of the following: _____ Date: _____

- FF/EMT FF/MEDIC

APPLICATION INSTRUCTIONS

Complete and sign this application. Email the completed application and all required documentation for the position you are applying for to:

tffd@threepointfire.org

NOTE: Incomplete application, and/or applications received missing any of the required documentation, will be discarded. The only exceptions are: if you are currently enrolled in a Fire Academy which includes the class/certification you are not attaching documentation for. If this is the case, please list which documents you are not attaching and your expected graduation date. The only classes this applies to are: Firefighter I, Firefighter II, Hazardous Material Fire Responder Operations Level, and the basic wildland classes (S-130, S-190, L-180, I-100).

REQUIRED DOCUMENTATION CHECKLIST

- High School Diploma, GED, or transcript showing proof of graduation
- Arizona Driver's License
- Arizona Firefighter I&II; or NFPA 1001 equivalent
- Health Care Provider CPR
- Hazardous Materials First Responder Operations Level
- Basic Wildland S-130, S-190, L-180, I-100; or equivalent
- State of Arizona EMT or CEP Card; **If you are a paramedic, you also need to attach:**
 - PALS
 - ACLS

PERSONAL INFORMATION

Name: _____
Last Name Full First Name Full Middle Name

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

Street Address: _____
Street City State Zip

Phone: (Home) _____ **CELL:** _____

Email Address: _____
 (a valid email address is required. All communication throughout the hiring process will be through email)

Social Security #: _____

Have you previously applied for employment with either District? ____ Yes ____ No.

If yes: When? _____ Where? _____

Have you ever worked under another name? ____ Yes ____ No. If yes, what name? _____

If yes: When? _____ Where? _____

Have you ever been convicted of a crime? ____ Yes ____ No. If yes, provide details and dates regarding the conviction.

Are you over 18 years of age? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

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

Can you, after employment, submit verification of your legal right to work in the United States? ____ Yes ____ No

MILITARY HISTORY:

Are you a Veteran of the U.S. Armed Services? ____ Yes ____ No.

If yes, which branch _____

Are you currently serving as a Reserve in the U.S. Armed Services? ____ Yes ____ No.

If yes, which branch? _____

If you have served in the U.S. Armed Services, attach a copy of you DD Form 214 to this application.

EDUCATION

School and Location:

High School _____

Did you graduate? _____ Yes _____ No
Mailing Address _____ City _____ State _____ Zip _____

GED or Equivalency (Date Completed) _____

College _____
Dates Attended _____

Mailing Address _____ City _____ State _____ Zip _____

Degree(s) _____
Date Completed _____

_____ Date Completed _____

Professional _____

Designations _____

Trade, Business/
Correspondence _____
School _____
Dates Attended _____

Mailing Address _____ City _____ State _____ Zip _____

_____ Dates Attended _____

Mailing Address _____ City _____ State _____ Zip _____

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

_____ Fluent _____ Good _____ Fair

_____ _____ Fluent _____ Good _____ Fair

EMPLOYMENT HISTORY

Starting with your present employer, please list your employment history for the past 10 years. Use separate sheet if necessary.

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: _____

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: _____

Immediate Supervisor: _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____

Address _____

Phone Number _____ Relationship _____

- ✓ 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.
- ✓ I understand that all documents requested are a part of the total application. That includes, but is not limited to, a resume, cover letter, or evidence of certification. 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 authorize the Avra Valley and Three Points Fire Districts to conduct a background check, to contact former employers, and to obtain information from former employment files. 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 pre-employment drug screen test, physical exam and successful completion of a physical agility test.
- ✓ I understand that employment is at the will of both parties and that employment can be terminated at any time with or without cause.

Signature _____ Date _____

For Office Use Only	
Date of Receipt: _____	By: _____