



ELOY FIRE DISTRICT

4010 N Toltec Road
Eloy, AZ 85131
520-466-3544

EMPLOYMENT APPLICATION

POSITION FOR WHICH YOU ARE APPLYING

1. POSITION TITLE _____
FULL-TIME ☐ PART-TIME ☐ BOTH ☐
2. SOCIAL SECURITY NUMBER _____
3. NAME:
LAST _____ FIRST _____ MIDDLE _____
4. OTHER NAMES USED _____
5. PHYSICAL ADDRESS _____ APT/SPACE NO. _____
6. MAILING ADDRESS _____
7. CITY _____ STATE _____ ZIP _____
8. HOME PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____
CELL PHONE (____) _____ - _____ MESSAGE PHONE (____) _____ - _____
9. EMAIL ADDRESS: _____
10. ARE YOU 18 YEARS OF AGE OR OLDER? NO ☐ YES ☐
11. DO YOU POSSESS A VALID ARIZONA DRIVERS LICENSE? NO ☐ YES ☐
12. IF YES, WHAT IS YOUR DRIVERS' LICENSE NUMBER? _____
13. HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO ☐ YES ☐
14. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OTHER THAN A TRAFFIC OFFENSE?
NO ☐ YES ☐

IF YOU ANSWERED YES TO NUMBER 13 OR 14, LIST THE NATURE OF THE OFFENSE, DATE, LOCATION, AND EXPLANATION BELOW. ATTACH ADDITIONAL PAGES IF NECESSARY. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT. ALL INFORMATION WILL BE CONSIDERED ON AN INDIVIDUAL BASIS.

15. ARE YOU A U.S. CITIZEN? NO ☐ YES ☐
IF NO, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? NO ☐ YES ☐
16. DO YOU FLUENTLY SPEAK, READ, AND WRITE ENGLISH? NO ☐ YES ☐

Applicant's Name: _____

17. DO YOU FLUENTLY SPEAK, READ, AND WRITE ANY OTHER LANGUAGE? NO ☐ YES ☐

IF YES, PLEASE LIST: _____

18. DO YOU REGULARLY TAKE ANY PRESCRIPTION MEDICATION OR OTHER DRUGS THAT MAY NEGATIVELY IMPACT YOUR WORK? NO ☐ YES ☐

19. DO YOU HAVE AN ALCOHOL OR DRUG ABUSE PROBLEM? NO ☐ YES ☐

IF YES, PLEASE EXPLAIN _____

20. **EMPLOYMENT HISTORY:** LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT.
NOTE: THIS SECTION MUST BE COMPLETED. RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

Mo./Yr. Started	Mo./Yr. Ended	Name, address, phone number of employer	Ending Pay	Position Title	Reason for Leaving

21. ARE YOU A VETERAN? NO ☐ YES ☐

IF YES, PLEASE ATTACH DD214

BRANCH OF SERVICE: _____ DATE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, EXPLAIN: _____

22. HAVE YOU EVER BEEN TERMINATED, DISCHARGED, OR RESIGNED IN LIEU OF TERMINATION DUE TO MISCONDUCT OR UNSATISFACTORY SERVICE? NO ☐ YES ☐

IF YES, PLEASE NAME THE EMPLOYER, EXPLAIN THE CIRCUMSTANCES AND DATE:

EDUCATION, TRAINING AND SKILLS:

23. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D? ☐ NO ☐ YES

Applicant's Name: _____

24. LIST SCHOOLS ATTENDED:

Name of High School / College / University	Subjects studied and degree (s) or certificate(s) received

25. **CERTIFICATIONS:**

ATTACH COPIES OF THE FOLLOWING CERTIFICATIONS: FIREFIGHTER II; EMT OR PARAMEDIC; CPR; HAZARDOUS MATERIALS TECHNICIAN; WILDLAND.

LIST ALL CURRENT CERTIFICATIONS BELOW (Attach additional pages, if necessary):

CERTIFICATION:	CERTIFYING AGENCY:	YEAR CERTIFIED:	EXPIRATION DATE:

I authorize investigation of all information contained herein and specifically authorize the employers and references to give you any and all information concerning me and by doing so, release all persons, schools, companies, corporations, credit bureaus, government agencies and medical personnel from any liability for any damage that may result from furnishing same to you.

I further agree to submit to alcohol and/or drug screening tests, if required of me, at any time prior to, or during my employment, including but not limited to urinalysis test, blood test, hair sampling, random or announced testing, with or without reasonable suspicion.

In consideration for my employment, I agree to conform to the District policies, practices, rules/regulations and guidelines, which may be changed from time to time. I further agree that my employment and the terms and benefits provided to me is not intended to and does not constitute any contractual relationship, is for no definite period of time 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.

Applicant's Name: _____

In further consideration for my employment, I understand and agree that there are other forms, statements and provisions that have to be completed and agreed to, and those forms, statements and provisions are part of this application and will be included within my employment records.

By providing my contact information in this application and supporting documentation provided, I give the Eloy Fire District my permission and consent to contact me or leave a message at any of the phone numbers, addresses, or email addresses I have provided.

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief.

Signature

Date

APPLICANTS:

- RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION.
- APPLICATIONS WILL BE REJECTED IF THEY ARE LATE (RECEIVED PAST THE ADVERTISED CLOSING DATE AND TIME), ILLEGIBLE, UNSIGNED OR INCOMPLETE.
- APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE (NOT IMAGED, COPIED, OR SCANNED).
- FAX AND/OR EMAIL APPLICATIONS ARE NOT ACCEPTED. ORIGINAL, SIGNED APPLICATIONS MUST BE DELIVERED TO THE ELOY FIRE DISTRICT ADMINISTRATION OFFICE AT 4010 N TOLTEC ROAD, ELOY, AZ 85131.