Application for Apprenticeship

ELOY FIRE DISTRICT

4010 N. TOLTEC RD. ELOY, AZ 85131 520-466-3544

Personal Information

| 1 Full Name: | 2 Date of Birth: |
|--------------------------------|---|
| 3 Address: | |
| 4 Email: | 5 Phone: |
| 6 Social Securit | y # |
| Position In | <u>formation</u> |
| 7 Position App | olying For: |
| 8 FT/PT/Both? | Are you 18 years of age or older? |
| Do you posse Driver's Licen | ss a valid yes / NO DL#: |
| (11) Have you e | ver been convicted of a felony?YES / NO |
| (12) Have you eve | r been convicted of a misdemeanor other than a traffic offense? YES / NO |
| | E OF THE OFFENSE, DATE, LOCATION, AND EXPLANATION BELOW. ATTACH ADDITIONAL PAGES VICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT. ALL INFORMATION WILL BE NDIVIDUAL BASIS. |
| (13) Are you lega | Ily authorized to work in the USA? YES / NO |
| (14) Do you fluer | ntly speak, read and write English? YES / NO |
| Do you fluer them: | tly speak, read and/or write any other languages? If so, please list |

Application for Employment

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Employment History:

LIST YOUR MOST RECENT EMPLOYMENT EXPERIENCE, BEGINNING WITH THE MOST RECENT.

NOTE: THIS SECTION MUST BE COMPLETED. RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

| & Contact | Job Title & Ending Pay | Work Duration | Reason for Leaving | May we contact (Y/N) |
|----------------------|--|---|---|--|
| | | | | |
| If yes, please attac | ch your DD214s (onl | ly if requesting veter | no an's preference) ai | nd |
| • | • | | NO arned from the | |
| | | or oguivalent? | res / NO | |
| Please list educat | tion history below (a | attach copies of your | | extra- |
| Institution Name | | Degree/Certific Completion | ate Received & Da | |
| | Are you a veterar If yes, please attace detail which branch bran | & Contact Ending Pay Are you a veteran (current military or lifyes, please attach your DD214s (on detail which branch and date of discussions) Have you ever been expelled from so lifyes, please explain the circumstant experience: Education, Training and Skills: Do you have a High School Diploma Please list education history below (a curricular certifications that are relations). | Are you a veteran (current military or past)? YES / If yes, please attach your DD214s (only if requesting veteradetail which branch and date of discharge: Have you ever been expelled from school? If yes, please explain the circumstances and what you leexperience: Education, Training and Skills: Do you have a High School Diploma or equivalent? Yes / Please list education history below (attach copies of your curricular certifications that are related to this role) Degree/Certifications | Are you a veteran (current military or past)? YES / NO If yes, please attach your DD214s (only if requesting veteran's preference) at detail which branch and date of discharge: Description: Have you ever been expelled from school? YES / NO If yes, please explain the circumstances and what you learned from the experience: Education, Training and Skills: Do you have a High School Diploma or equivalent? YES / NO Please list education history below (attach copies of your diploma and/or ecurricular certifications that are related to this role) Institution Name Degree/Certificate Received & Da Completion |

Application for Employment

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| (21) | Attachments: |
|-------------|---------------------|
| \/ | / 1000011111011001 |

| Resume/CV Attachment Cover Letter Attachment Certificatio | ns |
|---|----|
| Manue Annue Annue | |

I authorize the investigation of all information provided and specifically allow employers and references to share any information about me. I release all individuals, schools, companies, credit bureaus, government agencies, and medical personnel from liability for providing such information. I agree to undergo alcohol or drug testing, including urinalysis, blood tests, or hair sampling, at any time before or during my employment, whether random, announced, or based on reasonable suspicion. I understand and agree to follow the District's policies, rules, and guidelines, which may change over time. I acknowledge that my employment is at-will, not contractual, and can be ended by me or the District at any time, with or without notice or cause. I understand no oral statements can alter this relationship.

I further understand that other required forms and agreements are part of this application and my employment records.

By providing my contact information, I consent to the Eloy Fire District contacting me or leaving messages via the provided phone numbers, addresses, or email addresses.

I certify under penalty of law that all information in this application is true, correct, and complete to the best of my knowledge.

Notice:

Applications will be kept on file for 90 days unless a new recruitment is announced. Recruitments are posted at www.eloyfire.org.

Resumes will not substitute for a completed application.

Applications will be rejected if received after the deadline, are incomplete, unsigned, illegible, or in an unsupported format. Recruitments may close at first review if enough qualified applications are received.

All communication regarding the selection process will be via email.

To request veteran's preference, include DD214 forms with your application. Submit applications:

- In person: Mon-Fri, 8 AM-5 PM, at 4010 N. Toltec Road, Eloy, AZ
- By mail/delivery: 4010 N. Toltec Road, Eloy, AZ 85131
- By email: careers@eloyfire.org (.pdf, .doc, or .docx formats only)

The fire district is not responsible for technical issues in sending or receiving applications.

This application may be subject to public disclosure under state public records laws.

The Eloy Fire District is an Equal Opportunity Employer and does not discriminate based on race, color, religion, sex, national origin, age, disability, or veteran status.

I understand that the firefighter position requires strenuous physical tasks, including lifting over 100 pounds, working in hazardous conditions, climbing, and performing rescues under stress. I certify I can perform these duties with or without reasonable accommodation and may be required to pass physical ability tests or medical evaluations.

| Applicant I | Name (Printed) | | |
|-------------|----------------|----------|--|
| | | | |
| Signature | | Date | |