



# 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:

tpfd@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).***

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### 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



# 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 \_\_\_\_\_  
Dates Attended \_\_\_\_\_

School \_\_\_\_\_  
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 \_\_\_\_\_

<b>For Office Use Only</b>	
Date of Receipt: _____	By: _____