

**PLEASE READ THIS NOTICE PRIOR TO APPLYING FOR A
POSITION AT YARNELL FIRE DISTRICT**

In order to be considered for employment at Yarnell Fire District, an established government agency, please be advised that your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “identity History Summary Checks” or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Record Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

YARNELL FIRE DISTRICT – EMPLOYMENT APPLICATION

Minimum requirements: 18 years of age, pass physical exam, physical fitness test, oral board exam, background check.

DATE OF APPLICATION: _____

POSITION APPLIED FOR: (circle all that apply) Career Reserve Volunteer Firefighter Volunteer EMT Support

NAME: _____ SOCIAL SECURITY #: _____

HOME PHONE: _____ E-MAIL: _____

CELL PHONE # and PROVIDER: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____

STREET CITY STATE ZIP

EMERGENCY CONTACT: _____

NAME RELATIONSHIP PHONE

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____ ARE YOU A VETERAN? YES _____ NO _____

DO YOU POSSESS A VALID ARIZONA DRIVERS LICENSE? YES _____ NO _____

IF YES, PROVIDE YOUR LICENSE # _____

DO YOU POSSESS A LEVEL ONE FINGERPRINT CLEARANCE CARD ISSUED BY AZ DPS?

YES _____ NO _____

(IF YES, ATTACH A COPY OF THE CLEARANCE CARD)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEAMEANOR INVOLVING MORAL TURPITUDE? YES _____ NO _____

IF YOU ANSWERED YES TO EITHER OF THE PREVIOUS TWO QUESTIONS DESCRIBE BELOW THE NATURE OF THE OFFENSE(S), DATE(S) AND LOCATION(S) (use the back of the sheet if necessary)

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE US? YES _____ NO _____

DO YOU FLUENTLY SPEAK, READ, AND WRITE ENGLISH? YES _____ NO _____

DO YOU SPEAK ANOTHER LANGUAGE? YES _____ NO _____ IF YES, WHAT? _____

DID SOMEONE REFER YOU FOR EMPLOYMENT WITH THE YFD? YES _____ NO _____

IF YES LIST NAME AND TELEPHONE NUMBER _____

DESCRIBE YOUR SKILLS AND EXPERIENCE THAT MAKE YOU A GOOD CANDIDATE FOR THIS

POSITION: _____

YARNELL FIRE DISTRICT- EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

PLEASE LIST THE LAST 10 YEARS OF EMPLOYERS, MOST RECENT EMPLOYERS FIRST
(OBTAIN ADDITIONAL EMPLOYMENT HISTORY PAGES IF NECESSARY)

EMPLOYER: _____ TYPE OF BUSINESS: _____

JOB TITLE: _____ EMPLOYED FROM: _____ TO: _____

SUPERVISOR NAME: _____ PHONE: _____ E-MAIL: _____

COMPLETE ADDRESS: _____

HOURS WORKED PER WEEK: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ TYPE OF BUSINESS: _____

JOB TITLE: _____ EMPLOYED FROM: _____ TO: _____

SUPERVISOR NAME: _____ PHONE: _____ E-MAIL: _____

COMPLETE ADDRESS: _____

HOURS WORKED PER WEEK: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ TYPE OF BUSINESS: _____

JOB TITLE: _____ EMPLOYED FROM: _____ TO: _____

SUPERVISOR NAME: _____ PHONE: _____ E-MAIL: _____

COMPLETE ADDRESS: _____

HOURS WORKED PER WEEK: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ TYPE OF BUSINESS: _____

JOB TITLE: _____ EMPLOYED FROM: _____ TO: _____

SUPERVISOR NAME: _____ PHONE: _____ E-MAIL: _____

COMPLETE ADDRESS: _____

HOURS WORKED PER WEEK: _____ REASON FOR LEAVING: _____

YARNELL FIRE DISTRICT – EMPLOYMENT APPLICATION

EDUCATION, DEGREES, CERTIFICATES AND/OR LICENSES

EMS: COLLEGE/PROGRAM NAME _____ GRADUATION DATE: _____

DO YOU HAVE AN ARIZONA EMT OR PARAMEDIC CERTIFICATION? YES _____ NO _____
(IF YES, PROVIDE THE NUMBER) _____ AND ATTACH A COPY OF THE CERTIFICATION CARD TO THIS APPLICATION)

DO YOU HAVE A NATIONAL EMT OR PARAMEDIC CERTIFICATION? YES _____ NO _____
(IF YES, PROVIDE THE NUMBER) _____ AND ATTACH A COPY OF THE CERTIFICATION CARD TO THIS APPLICATION)

DO YOU HAVE AN ARIZONA CPR CERTIFICATION? YES _____ NO _____
(IF YES, ATTACH A COPY OF YOUR CERTIFICATION CARD TO THIS APPLICATION)

FIRE SERVICE: COLLEGE/PROGRAM NAME _____ GRADUATION DATE: _____
(ATTACH A COPY OF YOUR CERTIFICATION OR DEGREE TO THIS APPLICATION)

HIGH SCHOOL: _____

COLLEGE(S): _____ DEGREES: _____

ADDITIONAL EDUCATION/TRAINING/SKILLS: _____

BRIEFLY DESCRIBE WHY YOU ARE INTERESTED IN WORKING FOR THE YARNELL FIRE DISTRICT

MAY THE YARNELL FD CONTACT YOUR PREVIOUS EMPLOYERS / SUPERIVORS? YES _____ NO _____

LIST THREE PEOPLE WHO CAN BE CONTACTED FOR REFERENCES
(NO RELATIVES, FORMER SUPERVISORS, OR HOUSEMATES)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

YARNELL FIRE DISTRICT – EMPLOYMENT APPLICATION

Releases, Acknowledgements, and Authorizations

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

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

I agree to provide two sets of fingerprints which I acknowledge will be submitted to the Arizona Department of Public Safety for a Criminal Background Check

In consideration for my employment, I agree to conform to the Yarnell Fire District and 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 me 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.

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

By signing this application I acknowledge that my initials in the boxes above mean that I have read, understand, and agree to the employment conditions above. Furthermore, 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; I understand and agree that if any information provided in this application is false I may be terminated immediately.

Applicant's Signature _____ Date _____

The Yarnell Fire District is an Equal Opportunity Employer. The District does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.

OFFICE USE ONLY

APPLICANT ON LIST: YES: _____ NO: _____ HIRE DATE: _____

ID NUMBER _____ FIRST RADIO ID NUMBER _____

FIRE CHIEF NAME / SIGNATURE: _____ / _____ DATE: _____