# 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 <a href="https://www.fbi.gov">www.fbi.gov</a> 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, background check.

DATE OF APPLICATION:				
POSITION APPLIED FOR: (circle all that apply) Career Reserve	Voluntee	Firefighter Volunt	eer EMT Sup	port
NAME:	_ SOCIAL	SECURITY #:		
HOME PHONE: E-MAIL:				
CELL PHONE # and PROVIDER:				
MAILING ADDRESS: STREET				
PHYSICAL ADDRESS:		CITY	STATE	ZIP
EMERGENCY CONTACT:NAME		CITY		ZIP
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO_		ARE YOU A VETE	RAN? YES	NO
DO YOU POSSESS A VALID ARIZONA DRIVERS LICENSE?  IF YES, PROVIDE YOUR LICENSE #			<del></del>	
DO YOU POSSESS A LEVEL ONE FINGERPRINT CLEARANC YES NO (IF YES, ATTACH A COPY OF THE CLEARANCE CAR		SSUED BY AZ DPS?	·	
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, WHA	.T?	
DID SOMEONE REFER YOU FOR EMPLOYMENT WITH THE				
DESCRIBE YOUR SKILLS AND EXPERIENCE THAT MAKE YO	OU A GOO	D 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? (IF YES, PROVIDE THE NUMBER) AND ATTACH A COPY OF T	YES_ HE CERTIFICATION	NO ON CARD TO THIS APPLICATION)
DO YOU HAVE A NATIONAL EMT OR PARAMEDIC CERTIFICATION? (IF YES, PROVIDE THE NUMBER) AND ATTACH A COPY OF T	YES_ HE CERTIFICATION	NO ON CARD TO THIS APPLICATION)
DO YOU HAVE AN ARIZONA CPR CERTIFICATION? (IF YES, ATTACH A COPY OF YOUR CERTIFICATION CARD TO THIS APPLICATION)	YES	NO
FIRE SERVICE: COLLEGE/PROGRAM NAME(ATTACH A COPY OF YOUR CERTIFICATION OR DEGREE TO THIS APPLICATION)	_ GRADUATI	ON DATE:
HIGH SCHOOL:		
COLLEGE(S):	DEGREES:_	
ADDITIONAL EDUCATION/TRAINING/SKILLS:		
BRIEFLY DESCRIBE WHY YOU ARE INTERESTED IN WORKING FOR THE Y	ARNELL FIRE	DISTRICT
MAY THE YARNELL FD CONTACT YOUR PREVIOUS EMPLOYERS / SUPER	VISORS?	/ES NO
LIST THREE PEOPLE WHO CAN BE CONTACTED FOR REFERENCES (NO RELATIVES, FORMER SUPERVISORS, OR HOUSEMATES)		
NAME	PHONE_	
NAME	_ PHONE_	
NAME	PHONE	

# **APPLICATION QUESTIONS**

YES answers to the following two questions will not necessarily result in denial of volunteer employment. YFD will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility, qualifications and suitability for employment. Attach additional sheets if necessary.

Have you ever been arrested for, convicted of, admitted committing, are awaiting trial, or have been placed on probation for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer YES even if the matter was later dismissed, deferred, vacated, expunged or had any other legal action taken that may have removed the matter from court records. If you answer YES, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES	NO
Explanation:	
length of time, I investigation of with any form of se provide the date o	In dismissed, fired or released from any position, paid or volunteer held for any igned at the request of your employer, or while charges against you or an our behavior was pending? You must answer YES even if the matter was later resolved ement or severance agreement, regardless of its terms. If you answer YES, you must rmination of employment, the name, address and telephone number of the employer(s) e alleged reasons for termination
YES	NO
Explanation:	

# YARNELL FIRE DISTRICT – EMPLOYMENT APPLICATION

Releases, Acknowledgements, and Authorizations

I authorize investigation of all information contained in this application and specifically authorize employers and references to give the Yarnell Fire District any and all information concernir	ng me, and
by doing so I release all persons, schools, companies, corporations, credit bureaus, govern agencies, and medical personnel from any liability for any damage that may result from fur information to the Yarnell Fire District.	
I agree to submit to alcohol and/or drug screening tests, if requested of me, at any time priduring my employment, including but not limited to urinalysis test, polygraph test, blood test 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 Ariz Department of Public Safety for a Criminal Background Check	ona
In consideration for my employment, I agree to conform to the Yarnell Fire District and Dist practices, rules, regulations and guidelines which may be changed from time to time. I furt that my employment and the terms and benefits provided to me is not intended to, and doe constitute any contractual relationship, is for no definite period of time, and is terminable by District with or without notice or cause. No oral statements or representations made either during employment can change or modify this non-contractual and at-will relationship.	ther agree es not, y me or the
In further consideration for my employment, I understand and agree that there are other for statements, and provisions that must be completed and agree to, and that those forms, statements are part of this application and will be included within my employment record	atements,
By signing this application I acknowledge that my initials in the boxes above mean that I had understand, and agree to the employment conditions above. Furthermore, by signing this accertify under penalty of law that the information provided anywhere in this application is true and complete to the best of my knowledge and belief; I understand and agree that if any ir provided in this application is false I may be terminated immediately.	application I e, correct,
Applicant's Signature Date	
The Yarnell Fire District is an Equal Opportunity Employer. The District does not and will not discriminate in personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohiblaw. Hiring, transferring and promotion practices are performed without regard to the above listed items.	
OFFICE USE ONLY	
APPLICANT ON LIST:         YES:	
ID NUMBER FIRST RADIO ID NUMBER	

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