



BUCKSKIN FIRE DEPARTMENT

8500 RIVERSIDE DRIVE
PARKER ARIZONA, 85344

Phone: (928) 667-3321 FAX: (928) 667-3431

EMPLOYMENT APPLICATION

PLEASE PRINT

DATE: ___ / ___ / ___

NAME: LAST: _____ FIRST: _____ MIDDLE _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____
(IF DIFFERENT THAN ABOVE)

PHONE NO (HOME): () _____ PHONE (OTHER): () _____

GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
DATE OF BIRTH: ___ / ___ / ___	PLACE OF BIRTH: (CITY) _____ (STATE): _____		
HEIGHT: _____	WEIGHT: _____	HAIR COLOR: _____	EYE COLOR: _____
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER			
SOCIAL SECURITY NUMBER #: _____ - _____ - _____		U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	

DRIVERS LICENSE #: _____	STATE: _____	EXPIRATION DATE: ___ / ___ / ___	CLASS: _____
HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES; NUMBER OF VIOLATIONS: _____			

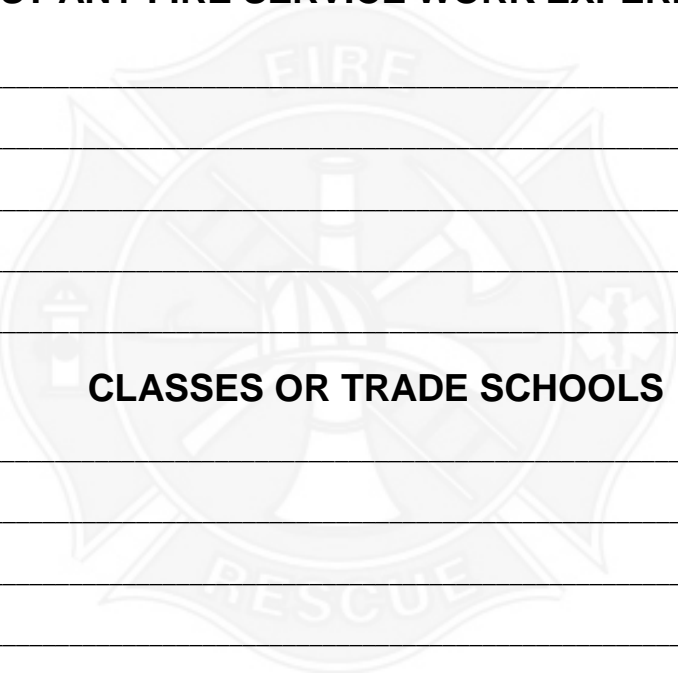
EDUCATION & TRAINING

SCHOOL NAME (High School/College/Trade)	LOCATION	YEARS ATTENDED	COURSE	GRADUATED

MILITARY SERVICE

MILITARY SERVICE: YES NO BRANCH: _____ DATE OF ENTRY: ____/____/____
RANK: _____ DISCHARGE: DATE: ____/____/____ TYPE: _____

LIST ANY FIRE SERVICE WORK EXPERIENCE

- 
1. _____ DATE ____/____/____
 2. _____ DATE ____/____/____
 3. _____ DATE ____/____/____
 4. _____ DATE ____/____/____
 5. _____ DATE ____/____/____

CLASSES OR TRADE SCHOOLS

1. _____ DATE ____/____/____
2. _____ DATE ____/____/____
3. _____ DATE ____/____/____
4. _____ DATE ____/____/____
5. _____ DATE ____/____/____

LIST HOBBIES AND SPECIAL ABILITIES

1. _____
2. _____
3. _____
4. _____
5. _____

Please complete the following questionnaire.

1. Will you be at least 18 years old on or before August 1, 2008?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Can you speak, read and write the English Language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you speak any other languages? If Yes, please specify _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a valid AZ motor vehicle operator's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you a high school graduate (Diploma or GED)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Do you have AZ Fire Fighter I & II Certificates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Do you have Fire Fighter I & II Certificates or equivalent from another State? If yes; please specify _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have current AZ EMT certification?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Do you hold an EMT certificate from another state? If Yes, please specify state _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Do you have current AZ Paramedic certification?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Are you a certified Open Water Diver?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Do you reside in the Buckskin Fire District?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Do you reside within 25 miles of the Buckskin Fire District?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Do you reside within 50 miles of the Buckskin Fire District?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Will you submit to a pre-employment background investigation requiring a fingerprint check by AZ DPS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Will you submit to a pre-employment physical examination by the fire department's designated physician?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. If considered to be a qualified candidate, do you understand and agree to participate in a physical agility test, written exam, and oral interview; as part of the employment selection process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Thank you for completing this questionnaire. Date submitted: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

DATE OF ARREST: ____ / ____ / ____ STATE: _____ DESCRIPTION OF CHARGE(S): _____

HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT FOR DISCIPLINARY REASONS? YES NO

IF YES EXPLAIN: _____

HAVE YOU HAD ACCIDENTAL INJURIES WHICH REQUIRED MEDICAL ATTENTION OR HOSPITALIZATION IN THE LAST TWO (2) YEARS? YES NO IF YES PLEASE EXPLAIN _____

PLEASE READ CAREFULLY:

I agree to submit to a pre-employment physical examination to be conducted by the physician as designated by the Buckskin Fire District, at the expense of the Buckskin Fire District. I understand that I must successfully pass the firefighter physical before acceptance for employment. I also agree that in the event that I should be employed by the Buckskin Fire District I will submit to further examinations when requested by the Buckskin Fire Department. In the event of my employment, I agree to abide by all present and subsequently issued rules and regulations of the Buckskin Fire Department. I authorize all previous employers to furnish the Buckskin Fire District with my records; reasons for leaving, and all information that they may have concerning me, and I hereby release them and the Buckskin Fire District, and Buckskin Fire Department from all liability for any damage whatsoever arising there from. I also authorize investigation of all statements in this application. I understand that in the event of my employment by the Buckskin Fire District, I shall be subject to dismissal should any of the information given in this application be false or if I have failed to give any material information herein requested.

I hereby certify that I am an applicant for employment with the Buckskin Fire Department, and that all the statements above are true and correct to the best of my knowledge and belief.

Signature

Date

Printed Name

Reviewed by: _____

Signature

Date

BUCKSKIN FIRE DEPARTMENT
AUTHORIZATION TO VERIFY EMPLOYMENT RECORDS
AND BACKGROUND INVESTIGATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE AND REQUEST ANY CURRENT OR FORMER EMPLOYER OR OTHER PERSON HAVING PERSONAL KNOWLEDGE ABOUT ME, TO FURNISH THE BUCKSKIN FIRE DEPARTMENT WITH ANY AND ALL INFORMATION IN THEIR POSSESSION REGARDING ME IN CONNECTION WITH AN APPLICATION FOR EMPLOYMENT FOR THE POSITION OF: _____.

I AM AGREEABLE THAT A PHOTOCOPY, IF THIS AUTHORIZATION BE ACCEPTED, WITH THE SAME AUTHORITY AS THE ORIGINAL.

I HEREBY WAIVE ANY AND ALL RIGHTS TO BRING A LAWSUIT OR CLAIM OR TO COLLECT DAMAGES, AND FURTHER RELEASE, INDEMNIFY, AND HOLD HARMLESS THE BUCKSKIN FIRE DEPARTMENT, ITS AGENTS, EMPLOYEES, AND REPRESENTATIVES, PRESENT AND PAST EMPLOYERS, SUPERVISORS, AND OTHERS WHO MAY PROVIDE INFORMATION BASED UPON THIS AUTHORIZED REQUEST.

I FURTHER UNDERSTAND THAT I WILL NOT BE PROVIDED, NOR AM I ENTITLED TO AN ORIGINAL OR A COPY OF THE BACKGROUND INFORMATION PROVIDED AS PART OF THIS BACKGROUND INVESTIGATION.

I, _____ UNDERSTAND THAT A CRIMINAL RECORDS CHECK MUST BE DONE ON THIS APPLICATION BEFORE I AM ACCEPTED AS AN EMPLOYEE. I HEREBY AUTHORIZE THE LA PAZ COUNTY SHERIFF DEPARTMENT TO RECORD MY FINGERPRINTS, AND AUTHORIZE THE Buckskin Fire District TO SUBMITTED THE FINGERPRINTS TO THE AZ DEPARTMENT OF PUBLIC SAFETY – APPLICANT TEAM ONE TO PERFORM THE BACKGROUND INVESTIGATION AND REPORT THE RESULTS TO THE FIRE CHIEF OF BUCKSKIN FIRE DEPARTMENT. I WAIVE WHATEVER FEDERAL, STATE OR LOCAL RIGHTS I MAY HAVE REGARDING THE PROHIBITION AGAINST THE DISSEMINATION OF THIS INFORMATION TO THE BUCKSKIN FIRE DEPARTMENT. I DO NOT WAIVE WHATEVER PRIVILEGE(S) I HAVE AGAINST FURTHER DISSEMINATION BY THE BUCKSKIN FIRE DEPARTMENT.

PRINT NAME: _____	OTHER NAMES USED: _____
SOCIAL SECURITY NUMBER: ____ / ____ / ____	
DRIVERS LICENSE NO. _____	STATE: ____ EXPIRATION DATE: ____ / ____ / ____
APPLICANT SIGNATURE: _____	DATE: ____ / ____ / ____

Arizona Department of Public Safety – Applicant Team One:

PLEASE RUN A FINGER PRINT / BACKGROUND CHECK ON THE ABOVE APPLICANT.

SIGNATURE; FIRE CHIEF, BUCKSKIN FIRE DEPARTMENT	____ / ____ / ____ DATE SUBMITTED
--	--------------------------------------

RESULTS:	1. NO RECORD FOUND _____
	2. NEED FURTHER INFO / TIME _____
	3. PLEASE CONTACT OUR OFFICE ABOUT THE RESULTS _____

	____ / ____ / ____
AZ Department of Public Safety – Applicant Team One	