



TIMBER MESA FIRE MEDICAL DISTRICT

APPLICATION FOR EMPLOYMENT

3561 E Deuce of Clubs, Show Low, AZ 85901
Phone: (928) 537-5100

5 DD@7 5 H-CB-BGHFI 7 H-CBG.

Read the job description before completing the application. Answer all questions completely, including any supplemental questionnaire forms. Type or print all answers. Sign this application and all other forms. **F Ygi a Yg' a Uri bch VY gi Vgthi hYX'jb''Yi 'cZH Y'fYeI YghYX'jbZfa Ujcb**" Any omission, misstatement, or falsification may be cause for rejection of this application or discharge from the District. Applications must be **fYWj YX'** by the posted deadline, whether submitted in person or by mail or fax. Timber Mesa Fire and Medical District is not responsible for applications that are not received by the posted deadline, are incomplete or are illegible.

; 9B9F5 @-B: CFA5 H-CB

Position Applying For: _____

Name (Last, First, MI): _____

Social Security Number : _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

E-mail Address: _____

Telephone: _____

Message Phone: _____

8 c'nci \ Uj YU'Y[U'f][\ hlc'k cf_ 'jb'h YI "G'3' Yes No

All new hires will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with their first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.

98I 75 H-CBZHf5 -B-B; Z5 B8 'G? -@G

Proof of Education, Professional Registration(s), License(s), and Certification(s) may be required prior to hire.

8 c'nci \ Uj YU<][\ 'GW cc''8]d'ca Ucf'U; '9'8'3' Yes No *If no, please indicate highest grade completed: _____*

9Xi WUjcb'-bZfa Ujcb.

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Name: _____

Provide the following information for all licenses, registrations, and certifications that relate to this position. If applicable, include the license number, date received, and expiration date.

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

Provide the following information for all licenses, registrations, and certifications that relate to this position. If applicable, include the license number, date received, and expiration date.

Provide the following information for all licenses, registrations, and certifications that relate to this position. If applicable, include the license number, date received, and expiration date.

8 f]j Yf] @WbgY-bZfa U]cb. (This section will only be considered if applicable to the position for which you apply)

Do you have a valid Driver's License?	Driver's License Number:	State:	Classification:
<input type="checkbox"/> Yes <input type="checkbox"/> No			

5 fYnci 'UJYhfUb3 Yes No 6 fUbW 'cZGyfj jW. " _____ 8 UH'cZ8]gW Uf[Y. " _____
 (Please attach DD214)

Applicant's Name: _____

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Provide detail for multiple jobs with single employer. Include any experience prior to ten years ago that relates to the position. Your qualifications will be evaluated on the information provided on this application form and, if applicable, any supplemental questionnaire forms.

PLEASE NOTE: RESUMES MAY ~~BE~~ SUBSTITUTED FOR THE REQUESTED INFORMATION.

= 'B979GG5FMZMCI 'A5MA5?9'588-HCB5@7CD-9G'C: 'H<-G'G<99H"

Dcg]hcb'H]hY.'		9a d`cma Ybh8 UYg'fa c#fL' : fca .'		Hc.
Employer:		Phone #		
Address:		City:	State:	Zip:
Direct Supervisor:				
Annual Salary:		Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:				
Total Time Worked: Years:		Months:	Reason for leaving:	
Dcg]hcb'H]hY.'		9a d`cma Ybh8 UYg'fa c#fL' : fca .'		Hc.
Employer:		Phone #		
Address:		City:	State:	Zip:
Direct Supervisor:				
Annual Salary:		Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:				
Total Time Worked: Years:		Months:	Reason for leaving:	
Dcg]hcb'H]hY.'		9a d`cma Ybh8 UYg'fa c#fL' : fca .'		Hc.
Employer:		Phone #		
Address:		City:	State:	Zip:
Direct Supervisor:				
Annual Salary:		Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:				
Total Time Worked: Years:		Months:	Reason for leaving:	
Dcg]hcb'H]hY.'		9a d`cma Ybh8 UYg'fa c#fL' : fca .'		Hc.
Employer:		Phone #		
Address:		City:	State:	Zip:
Direct Supervisor:				
Annual Salary:		Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:				
Total Time Worked: Years:		Months:	Reason for leaving:	

Applicant's Name: _____

DfcZYgg]cbU`FYZfYbWg

Name	Address	Telephone	Years known

Hc`Ugg]ghk]H` j Yf]Z]b[`dfYj]ci g`k cf`_`Yl dYf]YbWU`bX#f`YXi WU]cbzd`YUgY``]ghcH Yf`bUa Yg`nci ` Uj Y[cbYVm

< Uj Ynci `Yj Yf`VYYb`hYfa]bUHYXZ]gW Uf[YXZcf`fYg][bYX`j`~]Yi `cZHYfa]bU]cb`Xi Y`tc`a]gW`bXi Wicf` i bgU]gZUWcfmidYfZ`fa UbW`cf`gYfj]W3

Yes No If yes, please name the employer, explain the circumstances, and date (mo/yr).

< Uj Ynci `Yj Yf`VYYb`W`bj]WYX`cZUXa]HYX`W`a a]H]b[žUFY`Uk U]H]b[`H]U`žcf`VYYb`d`UWYX`cb`dfcVU]cb`Zf`Ubrn W]a Y`fM Wi X]b[`cb`nia]bcf`HfU]W]]c`U]cbg`bch]bj c`j]b[`UbrnU`Y[U]cb`cZXfi [`cf`UW`a`c`]a dU]fa YbH3

- 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).

BchY. `Df]cf W]a]bU` \]ghc`fmig\ U` `bchUi Hca U]WU`miX]gei U]ZniUb`]bX]j]Xi U`Zcf`Ya d`cna Ybh'

Yes No Explanation: _____

9AD@CMA9BH'DC@7M

It is the policy of Timber Mesa Fire and Medical District to grant equal employment opportunity to all persons in all terms, conditions, and privileges of employment without regard to race, creed, color, sex, religion, national origin, age, marital status, physical/mental disability, sexual orientation or veteran status.

TIMBER MESA FIRE AND MEDICAL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Name: _____

**D@5 G9 'F958 'H<9': C@@CK -B; 'GH5 H9A9BHG5B8 '75 F9: I @MF9J-9K 'MCI F '9BHF9 '5 DD@7 5 H-CB'
A5H9F-5 @69: CF9 'G; B-B; '69 @CK "**

- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that, any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from employment.
- I understand that all documents requested and/or submitted, such as, but not limited to a cover letter, resume, certifications, and reference letters, are a part of the total application packet. Failure to submit all required documents shall cause my application to be eliminated from consideration.
- I also authorize Timber Mesa Fire and Medical District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that any offer of employment will be conditional upon the results of a criminal background investigation, social security verification, and a driver's license check (if applicable to the position).
- I understand that any offer of employment will be conditional upon the successful completion of a drug screening test and District physical.
- I understand that my employment is at will, that the terms and benefits provided to me do not constitute any contractual relationship between myself and the District, is for no definite period of time and is terminable by myself 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.
- I understand that in consideration for my employment, I agree to comply with all federal, state and local laws, as well as District policies, procedures, rules/regulations and guidelines, which may be changed from time to time.
- If employed, I authorize the District to deduct from my earnings amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not be limited to, damage to or loss of District property, group insurance premiums, tuition reimbursement, and lost tools/equipment/supplies.
- I understand that this application will remain active only for the job opening for which I have applied and will become inactive upon completion of the associated hiring process.
- I understand that it is my responsibility to keep the District advised of any changes of address and/or phone number. I have read the above, understand its content and meaning, and agree to all of its provisions.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Applicant's Name: _____

5 dd`jWubh-bZfa Uhcb`FYUgY`K Ujj Yf

I voluntarily and knowingly authorize, for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Bureau of Criminal Apprehension, personal reference, and/or other persons or organizations, to give record of information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, general reputation, character, and any other information requested to Timber Mesa Fire and Medical District and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the District.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____