

TAYLOR-SNOWFLAKE FIRE & MEDICAL EMPLOYMENT APPLICATION

Position: Emergency Medical Services/Firefighter

Name (last, First MI)	Social Security Num	nber:	
Email address:	Phone number:		
Present physical address:	[OOB:	
Mailing address if different:			
Are you legally eligible for employment Proof of eligibility to work in the United States w			
Do you possess a valid Arizona driver's Driver's license number:			
	tations that could interfere with your perfo	_	
EDUCATION, TRAINING, and CERTIF	FICATES *Proof of education may	be required prior to hire.	
Name of College/University	Type of Degree/Certificate	Year completed	
Do you have a high school diploma or 0	G.E.D.? YES NO		
•			
List any specialized trainings or skills re	elated to the position you are applying:		
	tted committing, are awaiting trial, or been tions not involving any allegation of drug or disqualify an individual for employment.		
YES NO Please explain:			
Have you ever been employed or applied if yes please list dates.	ed with this department before? YES	NO	
Do you have any relatives on this depa If yes list names and relation:			

Employment History

Position Title:	Employments Dates (mo/yr) From: To:			To:	
Employer:		Phone:			
Address:	City:	State:		Zip:	
Direct Supervisor:					
Primary Job duties:					
Total time worked: Years:	Months:	Reason for leaving	j :		
Position Title:	Employme	nts Dates (mo/yr) F	rom:	To:	
Employer:		Phone:			
Address:	City:	State:		Zip:	
Direct Supervisor:					
Primary Job duties:					
Total time worked: Years:	Months:	Reason for leaving	j :		
Position Title:	Employme	\ , ,	-rom:	To:	
Employer:		Phone:			
Address:	City:	State:		Zip:	
Direct Supervisor:					
Primary Job duties:					
Total time worked: Years:	Months:	Reason for leaving	j :		
List three (3) professional references					
Name:		Phone:			
Name:		Phone:			
Name:					
Please provide copies of the following documents with your application Emergency Medical Service: Firefighter:					
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 □ Valid Arizona EMT or Paramedic Car □ Valid National Registry EMT or Paramedic Card □ Valid Basic Life Support Card □ 5 year driving history (obtain from az 	nedic Card	☐ Arizona Firefighte☐ Hazmat Certificate☐ Wildland Certificate	е		

Applicant Agreement

- I certify that all statements made on this application are true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I authorize the department to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
- Regardless of whether or not I become employed by the department, I recognize that this application is not
 and should not be considered a contract of employment. I understand that employment at the department is
 on an at-will basis and that my employment may be terminated with or without cause, and without notice, at
 any time, at my option or the department's unless specifically provided otherwise in a written employment
 contract.
- Taylor-Snowflake Fire & Medical is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- I understand that any job offer, or my continued employment if hired (within the guidelines of the American Disability Act), is contingent upon all the essential job functions with or without accommodations.
- I understand that upon receiving a job offer, a physical examination, fitness screening, drug screening, and criminal background check will be required.
- I understand that any employment is in a part-time, temporary, or seasonal "at will" position and that I may be terminated at any time.
- I understand that continued employment is contingent upon safe driving record and possession and maintenance of a valid driver's license, endorsements and certifications.
- I understand that it is my responsibility to keep the department advised of any changes of address and/or phone numbers. I have read the above, understand its content and meanings and agree to all of its provisions.

Check this box to certify that you have read and accept the above statement.				
Applicant's Signature	Date			