



TAYLOR-SNOWFLAKE FIRE & MEDICAL EMPLOYMENT APPLICATION

Position: Firefighter/EMT(B-A-P) EMT-B/EMT-A/CEP
Seasonal/Wildland Administrative
(Check all that apply)

Title of Position Applying for: _____

Name (Last, First MI) _____ Social Security Number: _____

Email address: _____ Phone number: _____

Present physical address: _____ DOB: _____

Mailing address if different: _____

Are you legally eligible for employment in this country? YES NO (Proof will be required upon employment)

Do you possess a valid Arizona driver's license? YES NO license number: _____

Do you have any physical or health limitations that could interfere with your performance as an EMT/Firefighter for which you are applying? YES NO

If yes, please explain: _____

EDUCATION, TRAINING, and CERTIFICATES

Do you have a high school diploma or G.E.D.? YES NO

| Name of College/University | Type of Degree/Certificate | Year completed |
|----------------------------|----------------------------|----------------|
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List any specialized trainings or skills related to the position you are applying:

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Have you ever been convicted of, admitted committing, are awaiting trial, or been placed on probation for any crime (excluding minor traffic violations not involving any allegation of drug or alcohol impairment)?

Note: Prior criminal history shall not automatically disqualify an individual for employment. YES NO

Please explain: _____

Have you ever been employed or applied with this department before? YES NO

If yes please list dates. _____

Do you have any relatives on this department? YES NO

If yes list names and relation: _____

Employment History

| | | |
|---------------------------|---------------------------------|---------------------|
| Position Title: | Employments Dates (mo/yr) From: | To: |
| Employer: | Phone: | |
| Address: | City: | State: Zip: |
| Direct Supervisor: | | |
| Primary Job duties: | | |
| Total time worked: Years: | Months: | Reason for leaving: |

| | | |
|---------------------------|---------------------------------|---------------------|
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| | | |
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| Address: | City: | State: Zip: |
| Direct Supervisor: | | |
| Primary Job duties: | | |
| Total time worked: Years: | Months: | Reason for leaving: |

List three professional references

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Please provide copies of the following certifications & documents with your application

EMT/A-EMT/CEP

- Arizona EMT, A-EMT or Paramedic
- NREMT EMT, A-EMT or Paramedic
(if applicable)
- BLS CPR Card

Seasonal/Wildland

- Wildland Certificate (within last 3 years)

Firefighter

- Firefighter I & II Certificate
- Hazmat Certificate

ALL

- 5 year driving history (azmvdnow.gov)
- Drivers License

Your application will only be considered if each of the required certifications relevant to the position you are applying for is attached.

If you do not hold one of these relevant certifications, please provide an explanation:

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