



TAYLOR SNOWFLAKE FIRE & MEDICAL EMPLOYMENT APPLICATION

Position: Emergency Medical Services/Fire Fighter

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

Email address: _____ Phone number: _____

Present physical address: _____ DOB: _____

Mailing address if different: _____

Are you 18 years of age or older? YES NO

Do you have a legal right to work in the U.S.? YES NO

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

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

Driver's license number: _____ Class: _____

Do you have any physical or health limitations that could interfere with your performance as a EMT/Firefighter for which you are applying? YES NO If yes, please explain: _____

EDUCATION, TRAINING, and CERTIFICATES *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 G.E.D.? YES NO

List any specialized trainings or skills related to the position you are applying: _____

Have you ever been convicted of, admitted committing, are awaiting trial, or been placed on probation for any crime (excluding only 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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Address:	City:	State:	Zip:
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Primary Job duties:			
Total time worked: Years:	Months:	Reason for leaving:	

List three (3) professional references

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please provide copies of the following documents

Emergency Medical Service:

- Valid Arizona EMT card *or*
- Valid Arizona Paramedic Card
- Valid CPR card
- Driving history past 3 months
- Valid National Registry EMT *or* Paramedic card

Firefighter:

- Valid Arizona Firefighter 1 & 2 certificate
- Hazmat Certificate
- Wildland Certificate (within last 3 yrs)
- Driving history past 3 months
- Valid CPR card

Applicant Agreement

- I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that, any omission, falsification or misstatement may be cause for rejection of this application.
- I understand that any employment is in a part-time, temporary, or seasonal position is "at will" and that I may be terminated at any time.
- I understand that continued employment in a driving position is contingent upon safe driving record and possession and maintenance of a valid driver's license, endorsements and certifications.
- If hired, I do hereby agree to submit to any and all required drug and /or alcohol testing.
- 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.

Applicant's Signature

Date

Date Received: _____

Reviewed By: _____