

Superstition Fire & Medical District - Application for Employment

We appreciate your interest in working at the Superstition Fire & Medical District. As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, color, sex, sexual orientation, age, religion, ancestry, physical or mental disability, marital status or national origin. The application form was designed for use by persons applying for various types of positions - professional, technical, clerical, administrative and executive. Please answer all the questions that apply and do not refer questions to resume and/or other attached documents.

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

APPLICANT INFORMATION		PLEASE TYPE OR PRINT NEATLY	Date of Application:
Last Name:	First Name:	Middle Name:	
Address:		Apartment #:	
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
List any other names used:			
Currently or Previously Employed with SFMD? <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> N/A			
If Currently or Previously Employed with SFMD, list Position(s) and Date(s):			
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give the circumstance(s), place(s), and date(s):			
<i>A conviction will not necessarily disqualify you from the job for which you have applied. Each case is considered individually.</i>			
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If naturalized, date of citizenship and country of birth:			
If no, type of Visa and expiration date:		Alien Registration #:	

POSITION INFORMATION			
Position Applying For:			Date Available:
How were you referred to SFMD?	<input type="checkbox"/> Publication	<input type="checkbox"/> Website	<input type="checkbox"/> Agency
	<input type="checkbox"/> Employee	<input type="checkbox"/> Other: _____	
Name of Referral Source:			

BACKGROUND INFORMATION

Education/Degrees/Certifications/Experience

Please check any that apply and complete the corresponding information.

<input type="checkbox"/> Driver's License	State Issued: _____ License #: _____ Exp: _____
<input type="checkbox"/> Arizona EMT-Basic	Cert. #: _____
<input type="checkbox"/> Arizona Paramedic	Cert. #: _____
<input type="checkbox"/> National Registry EMT	Cert. #: _____
<input type="checkbox"/> National Registry Paramedic	Cert. #: _____
<input type="checkbox"/> CPR	Credentialing Agency: _____ Exp: _____
<input type="checkbox"/> ACLS	Credentialing Agency: _____ Exp: _____
<input type="checkbox"/> PALS	Credentialing Agency: _____ Exp: _____
<input type="checkbox"/> Firefighter I	School: _____ Date Completed: _____
<input type="checkbox"/> Firefighter II	School: _____ Date Completed: _____
<input type="checkbox"/> Candidate Physical Abilities Test (CPAT)	Date Completed: _____
<input type="checkbox"/> High School Diploma or GED	School: _____ Date Completed: _____
<input type="checkbox"/> Associate's Degree	School: _____ Date Completed: _____ Major/Minor: _____
<input type="checkbox"/> Bachelor's Degree	School: _____ Date Completed: _____ Major/Minor: _____
<input type="checkbox"/> Master's Degree	School: _____ Date Completed: _____ Major/Minor: _____
<input type="checkbox"/> Military Veteran	Branch: _____ Dates of Service: _____ Rank(s): _____
<input type="checkbox"/> Active Military Reserves	Branch: _____ Dates of Service: _____ Rank(s): _____

List any additional training, education, or experience. (Ex: professional certifications or designations, software programs you are familiar with, scholarships, honors received, publications, etc.)

EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Please include period of military services, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary. We will be contacting the employers listed unless you indicate otherwise below.

Employer #1 Name of Employer:	
Address:	Phone:
Job Title:	Employment Dates: thru
Supervisor's Name & Title:	Supervisor's Phone:
Describe your work:	
Reason for leaving:	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Employer #2 Name of Employer:	
Address:	Phone:
Job Title:	Employment Dates: thru
Supervisor's Name & Title:	Supervisor's Phone:
Describe your work:	
Reason for leaving:	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Employer #3 Name of Employer:	
Address:	Phone:
Job Title:	Employment Dates: thru
Supervisor's Name & Title:	Supervisor's Phone:
Describe your work:	
Reason for leaving:	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:

EMPLOYMENT HISTORY (cont'd.)

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Please include period of military services, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary. We will be contacting the employers listed unless you indicate otherwise below.

Employer #4 Name of Employer:	
Address:	Phone:
Job Title:	Employment Dates: thru
Supervisor's Name & Title:	Supervisor's Phone:
Describe your work:	
Reason for leaving:	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Employer #5 Name of Employer:	
Address:	Phone:
Job Title:	Employment Dates: thru
Supervisor's Name & Title:	Supervisor's Phone:
Describe your work:	
Reason for leaving:	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Employer #6 Name of Employer:	
Address:	Phone:
Job Title:	Employment Dates: thru
Supervisor's Name & Title:	Supervisor's Phone:
Describe your work:	
Reason for leaving:	
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:

REFERENCES & PROFESSIONAL COLLEAGUES		
Reference #1	Name:	Phone:
Email:	Relationship:	Years Known:
Reference #2	Name:	Phone:
Email:	Relationship:	Years Known:
Reference #3	Name:	Phone:
Email:	Relationship:	Years Known:

This application will be kept in the Superstition Fire & Medical District's active files until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for employment.

I (applicant) hereby authorize the Superstition Fire & Medical District, either on its own or by or through an agent, to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, such as criminal convictions, and, further, authorize my present employer or any former employer or any other party, including any Government/Public or law enforcement agency and the references I have listed, to disclose to the Superstition Fire & Medical District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure except those which would indicate age, race, creed, color, sex, sexual orientation, or national origin. In addition, I hereby release the Superstition Fire & Medical District, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

For certain positions with Superstition Fire & Medical District, a credit check may be conducted. Applicants will be provided the agencies providing the credit information.

I agree to abide by all rules and regulations of the Superstition Fire & Medical District, and I understand that false statements or consequential omissions of any kind are sufficient grounds for denying employment or for termination.

I have read and understand the above statement. This application is complete and accurate to the best of my knowledge.

Applicant Signature:	
Printed Name:	Date: