



EMPLOYMENT APPLICATION

Administrative Office • 18818 N Spanish Garden Drive • Sun City West, Arizona 85375
 24 Hour Job Information is available online at www.ncfmd.az.gov
 Phone: (623)544-5400 • Fax: (623)544-5455

APPLICATION INSTRUCTIONS:

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. **Resumes may not be substituted in lieu of the requested information.** Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from the District. Applications must be **received** by the posted deadline, whether submitted in person or by mail or fax. North County Fire & Medical District is not responsible for applications that are not received by the posted deadline, are incomplete or are illegible.

GENERAL INFORMATION

Position Applying For: Full-Time Part-Time Both

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

Home Address: _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

Telephone: _____ Message Phone: _____

Do you have a legal right to work in the U.S.? 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, the District is legally prohibited from employing anyone who cannot provide such verification.

EDUCATION, TRAINING, AND SKILLS

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

Driver's License Information:

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

List any CDL endorsements: _____

Do you have a High School Diploma or a G.E.D.? Yes No *If no, please indicate the highest grade completed: _____*

Education Information:

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: _____

Professional Registrations, Licenses, and/or Certifications that relate to this position: (use back of sheet if necessary)

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

List any specialized training and/or trade schools:

Specialized Certifications and additional information required for specific field positions:

	Cert Number	Type	Expiration Date
EMT CERT:		<input type="checkbox"/> State <input type="checkbox"/> National	
MEDIC CERT:		<input type="checkbox"/> State <input type="checkbox"/> National	

Are you interested in a Fire position: _____ EMS position: _____ Other: _____
 (Check all that apply)

Are you a Veteran or qualified spouse of a Veteran? Yes No

Branch of Service: _____ Date of Discharge: _____ (Please attach DD214)

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. 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 NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

Position Title:	Employment Dates (mo/yr)	From:	To:
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Time Worked: Years:	Months:	Reason for wanting to leave:	

Position Title:	Employment Dates (mo/yr)	From:	To:
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: _____

IF NECESSARY, YOU MAY MAKE ADDITIONAL COPIES OF THIS SHEET.

Position Title:		Employment Dates (mo/yr)		From:	To:
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:		
Position Title:		Employment Dates (mo/yr)		From:	To:
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:		
Position Title:		Employment Dates (mo/yr)		From:	To:
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:		
Position Title:		Employment Dates (mo/yr)		From:	To:
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:		

References (List at least four)

Name	Address	Telephone	Years known

To assist with verifying previous work experience and/or education, please list other names you have gone by:

Have you ever been terminated, discharged, or resigned in lieu of termination due to misconduct or unsatisfactory service?

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

Applicant's Name: _____

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

- 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).

Yes No Explanation: _____

PLEASE READ THE FOLLOWING STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

- 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 District 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 North County Fire & 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 and a Driver's License check.
- I understand that any offer of employment will be conditional upon the successful completion of a physical and psychological examination and a drug screening test.
- 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, uniform costs, lost tools/equipment/supplies, and tuition reimbursement.
- 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 Printed Name: _____

Applicant's Signature: _____

Date: _____

Applicant's Name: _____

EMPLOYMENT POLICY

It is the policy of North County Fire & 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 or veteran status.

***NORTH COUNTY FIRE & MEDICAL DISTRICT
SUPPORTS A DRUG/TOBACCO FREE
WORKPLACE AND IS AN EQUAL
OPPORTUNITY EMPLOYER***

Applicant's Name: _____



Employment Applicant Information Release Waiver

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 the Fire District of Sun City West and/or its agents or representatives. I understand that, if hired, my consent will apply throughout my employment with the Fire District.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____