

The following is an application for a position with the **Blue Ridge Fire District**.

Please keep the following in mind while completing the application.

1. Please read each question and instructions carefully while completing the application.
2. If a question does not apply to you, please enter N/A in the space.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each extra page, write the section name.
4. Only properly completed applications will be accepted. You will be judged in part on the neatness and completeness of this application.
5. Use only **BLUE** or **BLACK INK** and your own handwriting.
6. You are not required to answer any questions contrary to applicable laws.

If you have any questions, please contact us at 928-477-2751.

You may return this application IN PERSON between 08:00 and 16:00, Monday thru Friday or by US Mail to:

Blue Ridge Fire District
5023 Enchanted Lane
Happy Jack, Arizona 86024
www.brfdaz.org
928-477-2751

An employee of the District will contact you after reviewing your application.

Thank you for your interest in the Blue Ridge Fire District.

Please attach the following documents to the application.

- ☐ Copy of Birth Certificate or US Passport.
- ☐ Copy of High School Diploma or G.E.D. Certificate.
- ☐ Copy of College transcripts and/or diploma, if applicable towards fire service.
- ☐ Copy of Arizona EMT, EMT-I or Paramedic certifications and/or National Registry EMT certifications, if applicable.
- ☐ Copy of Motor Vehicle insurance
- ☐ Copy of Fire Certifications, if applicable
- ☐ Photocopy of your Driver's License
- ☐ Copy of Military Form DD-214, if applicable
- ☐ Resume (optional)

All Firefighter applicants (Full-time, part-time, Volunteer): In order to determine fitness for duty (paid or unpaid), applicants will be required to submit (at District expense) to a complete firefighter medical physical as well as a background check that will include driving history, criminal history and fingerprints review. A conditional offer of employment will be made pending the results of the background checks and medical evaluations. All positions are "At-Will" status. Employees are subject to random drug screenings at any time during employment.

Employment Application

Blue Ridge Fire District

5023 Enchanted Lane, Happy Jack, Arizona 86024 Ph: 928-477-2751

Date of Application: / /
(mm) (dd) (yyyy)

To start the process of becoming either employed with or a volunteer with the Blue Ridge Fire District, please fill in each space in this form.

TYPE OF EMPLOYMENT DESIRED:

☐ Full-time Firefighter

☐ Volunteer Firefighter

☐ Reserve Firefighter

☐ Other: _____

PERSONAL INFORMATION

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Home Phone: () - Cell Phone: () -

E-Mail:

SSN: - - Are you 18 years or older? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Relationship: Cell Phone: () -

Home Phone: () - Work Phone: () -

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Position: Phone: () -

Supervisor: Dates of Employment: -

FORMER EMPLOYERS:

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Position: Phone: () -

Supervisor: Employment dates:

FORMER EMPLOYER:

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Position: Phone: () -

Supervisor: Employment dates:

BACKGROUND INFORMATION

Driver's License No. State Class: Expires:

Date of Birth:

- ☐ Yes
☐ No

Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

- ☐ Yes
☐ No

Have you ever been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case. (Print in box below)

- ☐ Yes
☐ No

Have you ever applied to this Department before? If YES, when?

- ☐ Yes
☐ No

Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held? (Print in box below)

Need additional space? Please attach a narrative on a separate sheet to the back of this application.

EDUCATION AND TRAINING

High School:	Name of School	Dates Attended	Graduate?	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College:	Name of School	Dates Attended	Field of Study	Graduate?	<input type="checkbox"/> Yes
					<input type="checkbox"/> No
Other:	Name of School	Dates Attended	Field of Study	Graduate?	<input type="checkbox"/> Yes
					<input type="checkbox"/> No

Place a check in the box next to any certifications that you currently possess:

FIRE FIGHTER CERTIFICATIONS

	FF1	FF2	IFSAC	ProBoard	Other Level
Structure Fire Fighter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Wildland Fire Fighter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Aircraft Rescue Fire Fighter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Fire Inspector:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Arson Investigator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Fire Service Officer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Fire Service Instructor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
Other (Cert and level):	<input type="text"/>				
Other (Cert and level):	<input type="text"/>				

MEDICAL CERTIFICATIONS

	FR	EMT	EMT-I	EMT-A	Other (Specify)
State of Arizona:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
National Registry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

List any other fire/EMS training, experience, college courses or certifications that you possess (print in box below):

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MILITARY SERVICE

☐ Yes ☐ No *If yes, Please provide the following information:*

Dates of Enlistment:_____ Year Discharged:_____

Branch of Service:_____ Grade/Rank:_____

Type of Discharge:_____

CHARACTER REFERENCES

LIST 3 REFERENCES (OTHER THAN FAMILY):

Name:

First	Middle	Last
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Address:

Number	Street Name	Apt. #
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City	State	Zip
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Relationship:

 Phone: (

) -

 Years Known:

Name:

First	Middle	Last
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Address:

Number	Street Name	Apt. #
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City	State	Zip
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Relationship:

 Phone: (

) -

 Years Known:

Name:

First	Middle	Last
-------	--------	------

Address:

Number	Street Name	Apt. #
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City	State	Zip
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Relationship:

 Phone: (

) -

 Years Known:

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

1. I certify that all information provided by me in connection with my applications, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the district.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this applications, and I release all such parties from all liability from damages which may result from furnishing such information to you.
3. (Applies to Firefighter Applicants) I have read and understand the attached physical requirements of a firefighter and I attest I can physically meet the requirements of the position. I understand that I will be required (unless exempted) to submit to a medical physical provided by the district by the contracted District Physician to determine my fitness for duty and that a negative report may be grounds for dismissal
4. All new hires of the Fire District are required to submit fingerprints and a background check will be conducted. In addition, physical examination(s), drug testing, or polygraph examinations may be required. By signing this application I give my consent to conduct the background check and give permission to the Fire District or their agent to conduct any inquiry relevant to the position applied for.
5. By submitting this signed application I acknowledge that, unless otherwise defined by applicable law or contract, any employment relationship with the Fire District is of an "at-will" nature, which means that if hired, I may resign at any time and the Fire District may terminate me at any time, for any reason not prohibited by law. It is further understood that the "at-will" employment relationship which would be created may not be changed by any oral or written communication unless such change is specifically acknowledge by the Fire District.

Signature:

Date:

Automatic Disqualifiers

Read all of the automatic disqualifiers before completing your application. Any of the following will disqualify the applicant from further consideration during any state of the process.

Important: If you are not sure if any automatic disqualifiers pertain to you, you are required to submit a detailed letter explaining the circumstances in question.

Application Disqualifiers:

Any of the following will disqualify you from further consideration during any stage of the process.

1. Failure to submit an application by the required notified deadline date.
2. Failure to submit any subsequent required documentation or information by the required date.

Criminal Disqualifiers:

Any of the following will disqualify the applicant from further consideration during any stage of the process.

1. Having a conviction for, being under the indictment for, or otherwise currently charged with any felony offense (not eligible to apply).
2. Having any conviction for any Class A or Class B misdemeanor offense, or currently being under indictment for, or currently charged with any Class A or Class B misdemeanor offenses (within the past 5 years).
3. Being under indictment or charged with any Class A or Class B misdemeanor offense prior to date of submitting your application that is still pending.
4. Having a conviction for driving under the influence (DWI/DUI) (within the past 5 years). Or being under indictment for, or currently charged with driving under the influence (DWI/DUI) prior to the date of submitting your application that is still pending. Or having more than one conviction for driving under the influence (DWI/DUI).
5. Currently serving community supervision/probation for any offense.

For the purposes of the above requirements, a person is considered convicted of an offense when an ADJUDICATION OF GUILT is entered against said person by a court of competent jurisdiction, or a PLEA OF GUILTY is entered, including situations where:

1. The sentence is subsequently probated and the person is discharged from probation.
2. Deferred adjudication is granted.

Having excessive record of traffic convictions or negligent traffic collisions. This is defined as:

1. Involvement as a driver in three or more motor vehicle accidents (within the past 3 years) where the applicant's actions contributed to the accident in any way, whether or not citations were issued.
2. Convictions for more than two moving violations within the past 3 years.
3. A driver's license suspension within the past 3 years for:
 - a. DWI/DUI
 - b. Failure to carry liability insurance
 - c. For any reason that would indicate poor driving behavior.

Military Disqualifiers:

Having been discharged from military service with a DISHONORABLE discharge or a General Discharge indicating:

1. Bad conduct
2. Any other characterization indicating bad character

Drug Use Disqualifiers:

1. Illegal use of Marijuana in the past 3 years.
2. Illegal use of any controlled substance or illegal drug, other than Marijuana, within the past 3 years.
3. Having a police record of illegal drug usage or illegally furnished any illegal or dangerous drug to another.

Financial Disqualifier (applies to applicants with direct access to financial records):

Failure to maintain financial responsibility prior to your application with the Blue Ridge Fire District without providing proof of extenuating circumstances. (Bankruptcy, foreclosure, debt delinquency, etc.).

General Disqualifiers:

1. Being a member of any organization that advocates the overthrow of a governmental agency by force of violence.
2. Currently, have belonged to, or been closely associated with any organization which advocates or engages in the unlawful conduct directed at individuals or groups based upon the individual's or group's race, sex, religion, national origin, age, skin color, sexual preference, disability, or conduct otherwise commonly known as "Hates Crimes".
3. Making any false statement of fact, being deceptive by statement or omission in this application, or by any means in any part of the hiring process will result in disqualification and may be grounds for future dismissal.

RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of the **Blue Ridge Fire District**, whether the said records are public, private or confidential in nature. This will include any and all criminal history records.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail credit agencies (including credit reports and/or ratings and other financial statements and records wherever files), medical records, polygraph records, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or other counsel, whether representing myself or another person in any case either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly (in whole or in part), upon this release authorization will be considered in determining my suitability for service with the Blue Ridge Fire District. I do hereby release said person(s) who provide information about me, whether supplied by a government organization or individual, from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax does not contain an original writing of my signature.

Name:

First	Middle	Last
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Address:

Number	Street Name	Apt. #
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City	State	Zip
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Date of Birth:

 Phone:

()	-	
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Social Security #:

 Driver's License #:

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Signature:

State of _____; County of _____

Before me, the undersigned Notary Public of the State of _____, on this day personally appeared

_____, (check one)

_____ known to me; _____ proven to me on the oath of

_____; or _____ proved to me through

_____ (description of identity card or other

document) to be the person whose name is subscribed to the foregoing instrument and

SUBSCRIBED AND SWORN TO before the undersigned authority this _____ day of _____, 20_____,

Notary Public