



# Blue Ridge Fire District

5023 Enchanted Lane, Happy Jack, AZ 86024

(928) 477-2751 Fax (928) 477-2765

www.brdaz.org

## EMPLOYMENT APPLICATION

Please fill out all sections of this form completely. Failure to do so (include using "see resume") could result in rejection during the selection process. This application and all attachments become the property of Blue Ridge Fire District and will not be returned to the applicant.

Position applying for: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First MI

Telephone contact number: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate contact number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Other contact: \_\_\_\_\_

May we contact you at work?  Yes  No

What is the best time to call: \_\_\_\_\_

Driver's license Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

If this is a CDL, what endorsements do you have: \_\_\_\_\_

Are you over 18 years of age?  Yes  No

### PREVIOUS EMPLOYMENT / RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of Blue Ridge Fire District currently?  Yes  No

If yes, in what capacity? \_\_\_\_\_

Have you previously been employed or volunteered with the District?  Yes  No

If yes, please specify title and employment dates: \_\_\_\_\_

Title Dates

Names of any District employee you are related to or with whom you live: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Blue Ridge Fire District is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, marital status, national origin or mental or physical disability unless based on a bonafide occupational qualification.*

## EDUCATION / TRAINING

Name and Address of High School: \_\_\_\_\_

Graduated?  Yes  No

If not a high school graduate, do you have a certificate of equivalency (GED)?  Yes  No

If yes to either above, date received: \_\_\_\_\_

List all schools attended beyond high school:

Name and location of school	Course of study	Dates attended	Credits awarded (Hrs / Qtrs)	Type of degree earned

- CPR / AED      Issued by: \_\_\_\_\_ Expires: \_\_\_\_\_
- WFF S130/S190      Current Red Card:  Yes  No      Expires: \_\_\_\_\_       Arduous       Moderate
- FF I      # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: \_\_\_\_\_      IFSAC Seal      # \_\_\_\_\_
- FF II      # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: \_\_\_\_\_      IFSAC Seal      # \_\_\_\_\_
- EMT B      # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: \_\_\_\_\_
- EMT P      # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: \_\_\_\_\_

List below any license/certifications, seals (not shown above) you have that may be pertinent to this position. Include the title and number of the license or certificates, the issuing agency and the expiration date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a language other than English fluently?  No  Yes, which language(s)? \_\_\_\_\_

## CONVICTIONS

Have you ever been convicted of, or pled guilty of no contest or forfeited bond in connection to a felony or misdemeanor other than a minor traffic violation?  No  Yes

(Conviction is not an automatic bar from employment. Each case is considered separately based on its relation to the duties of the position)

If yes, please give a short explanation outlining the circumstances of your conviction in the space below. Please include date, charge, nature and place of offense, disposition and court of jurisdiction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List all work experience, including military and volunteer, beginning with your current or most recent position, for the last 10 years. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Account for any periods of unemployment or self-employment. If the space provided is not adequate please attach additional sheets.

Employer	Address	From: _____ (Month / Year)  To: _____ (Month / Year)  Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  Start Salary: \$ _____ (Monthly)  Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   Reason for leaving:		
Employer	Address	From: _____ (Month / Year)  To: _____ (Month / Year)  Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  Start Salary: \$ _____ (Monthly)  Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		
Employer	Address	From: _____ (Month / Year)  To: _____ (Month / Year)  Total Time: _____ (Years / Months) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hrs/Week: _____ (If varied, indicate average) <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid  Start Salary: \$ _____ (Monthly)  Last Salary: \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	
Duties (be specific)		
Reason for leaving:		



# Blue Ridge Fire District

## *Reserve/Full time Supplemental Questions*

<b>Name:</b>	<b>Date:</b>
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Complete the following questionnaire and hand in with your application. Answer each question truthfully and to the best of your knowledge. You must have a hard copy of each certificate in your possession, not pending or in the mail, etc. Ensure your application matches this supplemental questionnaire. Do NOT attach certificates unless specifically requested. You will have an opportunity to provide other documentation if you are selected to proceed to the Assessment Center.

### MINIMUM QUALIFICATIONS

	YES	NO
Do you have a current Arizona Driver's License (required upon employment) <b>(Provide a copy of license with application)</b>		
Current Arizona EMT certified or higher? <b>(Attach a copy of current certification with application)</b>		
Are you currently NFPA FF II certified or equivalent? <b>(Attach a copy of current certification with application)</b>		
Have you completed wildland firefighter training (S130/S190) or equivalent? <b>(Attach copies of certifications)</b>		
Do you have a current Wildland Red Card? (All Reserve and Full time employees are required to maintain a current red card)		
Have you completed NIMS ICS 100, 200, 700, 800? (must completed within 6 months of employment) <b>(Attach copies of certificates with application)</b>		

### PREFERRED QUALIFICATIONS: DO NOT ATTACH DOCUMENTATION DESIRABLE QUALIFICATIONS / EXPERIENCE

*Equivalent certifications from other states or agencies may be considered*

	YES	NO
Are you currently a State of Arizona Certified Emergency Paramedic?		
Do you have 3 years or more working experience as a Paramedic?		
Are you NFPA Firefighter II certified or equivalent?		
Are you wildland certified at the Engine Boss level or higher?		
Are you NFPA Driver/Operator certified or equivalent?		
Are you NFPA Instructor I certified or higher or equivalent?		
Have you completed NIMS ICS 300 and ICS 400?		
Do you have 5 years or more experience as a structural Firefighter		

*Please attach the names and contact information of 3 references, not living with you or relatives.*

I understand that misrepresentation or omission of facts called for in the supplemental questionnaire may be cause for cancellation of the application and/or dismissal from employment no matter how or when discovered. By signing my name in the space below I attest that all the information is true to the best of my knowledge.

Signature of applicant	Printed name of applicant	Date
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# Blue Ridge Fire District

## Application Acknowledgement Form

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.**

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: \_\_\_\_\_

2. I understand that if I am offered employment, I will be required to pass a thorough background investigation including a criminal history check, a driver's record check, pre-employment drug screen (if applicable), and a medical physical exam as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws. A psychological exam may also be required.

Please initial: \_\_\_\_\_

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the District as they presently exist or are later modified. I also understand that except as otherwise provided in District policy or other written agreement signed by the Fire Chief or per applicable law, that I am an "At-Will" employee and as such may be suspended without pay, demoted, or discharged with or without cause. I further understand that during my first 12 months or probationary period, my employment with the District can be terminable for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.

Please initial: \_\_\_\_\_

**I have read, understand and agree with all of the above statements.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date