



Buckeye Valley Fire District

APPLICATION FOR EMPLOYMENT

Mailing Address: PO Box 75, Buckeye AZ 85326
Physical Address: 25206 W MC 85, Buckeye AZ 85326

(623) 386-5906 | VOICE (800) 409-0225 | FAX

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Buckeye Valley Fire District is committed to providing an equal employment opportunity to all persons. Assistance in reviewing job opportunities and completing this employment application will be provided to persons with disabilities upon request.

YOU must provide copies of all your certifications when submitting this application.

**GENERAL
INFORMATION**

Department/Position desired _____
How did you hear of this vacancy? _____
First Name _____ Last Name _____
Mailing Address _____
City/Town _____ State _____ ZIP _____
Phone _____ Email _____

Are you at least 18 years of age? YES NO

EDUCATION

Circle the number corresponding to the highest level of education completed:

| | | | | | | | | | | | | |
|---------------------------------|---|----|----|----|----------------|---|---|---|------------------------|---|---|---|
| ELEMENTARY – HIGH SCHOOL | | | | | COLLEGE | | | | GRADUATE SCHOOL | | | |
| 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL, CITY/TOWN, STATE, MAJOR(S), DEGREE(S)

Other Certifications or Licenses _____

SKILLS

Are you Arizona State Firefighter I & II Certified? YES NO

Have you graduated a Regional Academy? YES (If yes, what year? _____) NO

Are you currently an Arizona State Certified EMS Provider? YES, EMT-B CEP NO

EMS Certification Number AZDHS _____ and/or NREMT _____

Date of Expiration _____

Additional Certifications _____

**WORK
EXPERIENCE**

List machines/equipment you are trained to operate and any special skills you have related to the position for which you are applying _____

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). **Include any information not listed on your resume.**

Name of Employer _____

Address _____

Your job title _____

Supervisor (name & title) _____

Employed from (month/year) _____ To (month/year) _____

Salary (dollars/week) Start _____ Final _____ Hours/week _____

Reason for leaving _____

May we contact this employer? YES NO Phone _____

Summary of your duties and responsibilities _____

Name of Employer _____

Address _____

Your job title _____

Supervisor (name & title) _____

Employed from (month/year) _____ To (month/year) _____

Salary (dollars/week) Start _____ Final _____ Hours/week _____

Reason for leaving _____

May we contact this employer? YES NO Phone _____

Summary of your duties and responsibilities _____

Name of Employer _____

Address _____

Your job title _____

Supervisor (name & title) _____

Employed from (month/year) _____ To (month/year) _____

Salary (dollars/week) Start _____ Final _____ Hours/week _____

Reason for leaving _____

May we contact this employer? YES NO Phone _____

Summary of your duties and responsibilities _____

**ADDITIONAL
INFORMATION**

1. Are you authorized to work in the United States? YES NO
2. In the past ten (10) years, have you been convicted of a felony, placed on probation, had your driver's license or EMS Certification revoked or were you under supervision for any violation of law? Please include details below even if record has been expunged. YES NO

If yes, please attach an explanation, including the basis, the date, and any circumstances contributing to rehabilitation. (A record of a conviction is not an automatic bar to employment, failure to provide information prior to our organization conducting a background investigation may disqualify you from employment.
3. Do you have a valid Commercial Driver's License (CDL)? YES NO
4. Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior in the last 15 years? YES NO
If Yes, please attach an explanation.
5. Have you ever worked for Buckeye Valley Fire District before? YES NO
6. Please list any relatives or domestic partner employed by the BUCKEYE VALLEY FIRE DISTRICT and the department(s) in which they work. _____
7. I understand that in making this application, Buckeye Valley Fire District may be contacting my references and/or prior employers. _____ **I have** _____ **I have not** signed the attached release regarding my prior employment and references. I understand that if Buckeye Valley Fire District is unable to communicate with my references or prior employers due to my conduct, it may affect my opportunity for employment. (Please attach an explanation if there are extenuating circumstances you feel the employer should know).
8. I understand that if the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disabled, I will be subject to background or record checks which I must pass prior to full employment.
9. I understand that if I accept employment with Buckeye Valley Fire District, as a result of my employment, I may receive District owned property to fulfill my employment obligations. At the time my employment with the District ends, I shall immediately return to the District all of its property and pay any personal expenses I incurred on any of the District's accounts. If I fail to do this, Buckeye Valley Fire District may deduct the cost of such District owned property and any such personal expenses from my pay.
10. If am hired by BUCKEYE VALLEY FIRE DISTRICT, I understand that the District HR Handbook/Personnel Policy Manual may be changed in the future and shall be applicable to me and I shall read it and comply with its provisions during my employment.

I hereby certify that this form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that, if BUCKEYE VALLEY FIRE DISTRICT in its provisions, during my employment investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed, I may be dismissed from service, and I may be disqualified from applying in the future for any position.

Printed Name _____

Signature _____ Date _____



BUCKEYE VALLEY FIRE DISTRICT
FCRA NOTICE AND ACKNOWLEDGEMENT

****IMPORTANT****

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Buckeye Valley Fire District may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, www.universalbackground.com, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Signature _____

Date _____

Full Name (First/Middle/Last) _____

Social Security Number (SSN) _____ - _____ - _____

Aliases _____

Driver's License State/Number/Expiration Date _____

Date of Birth (month/day/year) _____

