# *APPLICATION FOR EMPLOYMENT*

**Palominas Fire District**
**10202 S. Hwy 92**
**Palominas, AZ 85615**
**520-803-9919**

**PLEASE TYPE OR PRINT USE BLACK INK ONLY**

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|---|---|---|---|
| This form is required for employment and must be filled out completely. A resume is encouraged, however, will not be accepted in lieu of a completed application. **Incomplete applications will be rejected** | | Position Desired: | Water Tender Operator |
| | | Availability: | |
| Name: | | (Specify if other than Immediate) | |
| Address<br>Apt. No.: | | | |
| City/State/Zip: | | Fax: | |

## GENERAL INFORMATION

| | | | |
|---|---|---|---|
| Home Phone: | | Work Phone: | |
| Message Phone: | | E-mail: | |

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|---|---|---|---|
| Are you legally authorized to work in the USA? Note: Proof of authorization will be required upon hire. | | Yes _____ | No _____ |
| Have you worked under any other name? | Yes__ No__ | If YES, what name? | |
| Do you possess a valid driver's license? (Attach copy of valid driver license) | Yes__ No__ | If YES, License Number: | |
| Driver License State of Issue: | | Commercial driver license class: Endorsements: | |
| Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for layoff due to lack of work? | | | |
| If YES, date of termination: | | | |
| Have you ever been convicted of a crime? | | | |
| Where: | | When: | |
| Nature of charges: | | | |
| Disposition of Case(s) | | | |
| | | | |
| | | | |

| EDUCATION & TRAINING | | | |
|---|---|---|---|
| | Name of School | Diplomas, degrees, certificates, etc. | Dates Attended |
| High School | | | |
| Colleges & Universities | | | |
| Colleges & Universities | | | |
| Technical or Trade School | | | |
| Training and/or Certifications | | | |

| OTHER SKILLS AND QUALIFICATIONS |
|---|
| List any special technical or machine operation skills that you have gained from employment, training, experience, as a volunteer, etc. |
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| EMPLOYMENT EXPERIENCE | | |
|---|---|---|
| Be sure to complete all sections of this application completely and accurately to the best of your ability. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. If more space is needed, please attach an additional sheet.<br><br>**A RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION. DO NOT REFERENCE: "SEE RESUME"** | | |
| | | |

| Name & Telephone # of Employer: | | | | |
|---|---|---|---|---|
| Address of Employer: | | | | |
| Immediate Supervisor: | | Dates (month/year) | From: | To: |
| Your job title: | | Reason for leaving: | | |
| | | Description of work: | | |
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|---|---|---|---|---|
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| Address of Employer: | | | | |
| Immediate Supervisor: | | Dates (month/year) | From: | To: |
| Your job title: | | Reason for leaving: | | |
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| Your job title: | | Reason for leaving: | | |
| | | Description of work: | | |
| | | | | |

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| Address of Employer: | | | | |
| Immediate Supervisor: | | Dates (month/year) | From: | To: |
| Your job title: | | Reason for leaving: | | |
| | | Description of work: | | |
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## AGREEMENT, CERTIFICATIONS, AND AUTHORIZATION

**(Please read carefully)**

I authorize my current and former employer(s) to provide Palominas Fire District representatives any information regarding my current and former employment. I understand that such information may or may not help my application for employment with the Palominas Fire District.

I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above are knowing, intelligent, and voluntary acts.

I understand that as a condition of employment, a background check may be conducted and I may be required to pass a pre-employment physical examination. The background check may include reference checks, a criminal history, and driving record check. Certain positions may require pre-employment drug testing, credit checks, fingerprinting, and a psychological examination.

I understand that as a condition of employment, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.

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|---|---|---|---|
| Signature of Applicant: | | Date of Application: | |

**Notice: In order to be accepted for consideration, all applications must be completed, signed and dated. Incomplete applications will be rejected.**

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| FOR OFFICE USE ONLY DATE RECEIVED: | | (CIRCLE ONE) MAIL / HAND DELIVERED | PROCESSED BY: (Initials) |