



EMPLOYMENT APPLICATION

SEDONA FIRE DISTRICT

We help people through safe, friendly, and dedicated service.

2860 Southwest Drive

Sedona AZ 86336

Human Resources

Telephone (928) 204-8904 / Fax (928) 204-8916

An Equal Opportunity Employer - We do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age 40 or over, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Job applying for: _____

Date: _____

PERSONAL INFORMATION

Name: _____
Last Name Full First Name Full Middle Name

Address: _____
Street/PO Box City State Zip Code

Phone: (____) _____ (____) _____ Email Address _____
Home Cell

Previous Address: _____
Street/PO Box City State Zip Code How Long?

Previous Address: _____
Street/PO Box City State Zip Code How Long?

Previous Address: _____
Street/PO Box City State Zip Code How Long?

How did you hear about this position? (Select all that apply. List specific person, website, or social media platform)

Instagram Facebook Twitter/X Website: _____ Person: _____

School: _____ Other: _____

Have you previously applied for employment with this District? Yes No If so, when? _____

Have you ever worked or attended school under another name? Yes No

If yes, what name? _____ When? _____

Where? _____

Are you over 18 years of age? Yes No (If hired, you may be required to submit proof of age)

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

When are you available to start work? (List Date) _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

If hired, can you provide proof you are eligible to work in the United States? Yes No

Education – School and Location

High School or GED _____
Dates Attended (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Did you graduate? Yes No

College/University _____
Dates Attended (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Did you graduate? Yes No

Degree(s) _____
Date Completed (mm/yy) _____
_____ Date Completed (mm/yy) _____

Professional Designations _____

Trade, Business or Correspondence School _____
Name _____ Date Completed (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Name _____ Date Completed (mm/yy) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Are you a Veteran or qualified spouse? Yes No Branch of Service _____

Date Discharged: _____ Please attach DD214. (If applicable)

Do you speak a language other than English? Yes No If yes, what language(s) and to what proficiency?

_____ Fluent Good Fair

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AZ EMT/IEMT/CEP Certification #: _____

Attach copy of card. Please use wallet size copies. Copies must be legible.

Firefighter I and II? Yes No Attach 8 x 11.5 copy of certificate(s). Copies must be legible.

Hazmat certified? Yes No Attach 8 x 11.5 copy of certificate(s). Copies must be legible.

Employment History

**Note: A job offer may be contingent upon acceptable references from current and former employers.*

Starting with your present employer, please list your employment history for the past 10 years. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please use blank pages for additional room.

Employer _____ **Job Title** _____

Mailing Address _____ City _____ State _____ Zip Code _____

Work Performed _____ Dates of Employment

Reasons for Leaving _____ From: _____

Office Telephone Number _____ To: _____

Immediate Supervisor: _____

Employer _____ **Job Title** _____

Mailing Address _____ City _____ State _____ Zip Code _____

Work Performed _____ Dates of Employment

Reasons for Leaving _____ From: _____

Office Telephone Number _____ To: _____

Immediate Supervisor: _____

Employer _____ **Job Title** _____

Mailing Address _____ City _____ State _____ Zip Code _____

Work Performed _____ Dates of Employment

Reasons for Leaving _____ From: _____

Office Telephone Number _____ To: _____

Immediate Supervisor: _____

Employer _____ **Job Title** _____

Mailing Address _____ City _____ State _____ Zip Code _____

Work Performed _____ Dates of Employment

Reasons for Leaving _____ From: _____

Office Telephone Number _____ To: _____

Immediate Supervisor: _____

UNDERSTANDINGS AND CERTIFICATION

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsification of information or omission of material facts on this application shall be grounds for dismissal if discovered at a later date.
- I understand that all documents requested are a part of the total application. That includes evidence of certifications. If not submitted as directed, my application will not be considered.
- I understand that no offer or promise of employment has been made by acceptance of this application.
- I understand that Sedona Fire District will conduct a background check and contact former employers. I release all parties from all liability for any damages that may result from this investigation.
- I understand that any offer of employment will be conditional upon the results of a criminal history background investigation and a driver's license check.
- I understand that any offer of employment for a sworn or management position may be conditional upon the results of a physical examination, including a pre-employment drug screen and a psychological exam and oral interview.
- I understand the probationary period (1 year) of employment is at will of both parties. During this time, employment can be terminated at any time with or without cause.
- I understand that this application will remain active only throughout the duration of the subsequently established eligibility list.

Signature: _____

Date: _____

For Office Use Only / Sedona Fire District

Date of Receipt: _____

Received By: _____