



GREER FIRE DISTRICT
Post Office Box 242
GREER, ARIZONA 85927
A VOLUNTEER FIRE DEPARTMENT

JOB APPLICATION

POSITION SOUGHT: _____

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SOC SEC NUM: _____

CITY: _____ STATE: _____ ZIP _____ PHONE (H) _____
(B) _____

DRIVER'S LICENSE # _____ LIC. EXPIR. DATE: _____ CURRENTLY VALID: (Y) (N)

ANY OTHER NAMES (ALIASES) USED: _____

PREVIOUS ADDRESS: _____ STATE _____ ZIP _____ How long there? _____

MARITAL STATUS: (S) _____ (M) _____ (D) _____ EDUCATION: LAST YEAR COMPLETED _____

HAVE YOU EVER WORKED FOR A FIRE DEPARTMENT BEFORE? (Y) (N) WHERE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Y) (N)

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR IN THE PAST 3 YEARS? (Y) (N)

IF YOU ANSWERED YES TO EITHER OF THE ABOVE TWO QUESTIONS, BRIEFLY EXPLAIN BELOW
THE NATURE OF THE OFFENSE, DATE AND LOCATION _____

ARE YOU AN U.S. CITIZEN? (Y) (N) WHERE WERE YOU BORN? _____

IF NO, ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED UNDER A VISA OR ENTRY PERMIT? **(All Applicants are to fill out INS form on separate sheet.)** DO YOU FLUENTLY SPEAK, READ AND WRITE ENGLISH? (Y) (N)

ARE YOU REGULARLY TAKING ANY PRESCRIPTION MEDICATION OR OTHER DRUGS THAT MAY EFFECT YOUR WORK? (Y) (N) DO YOU PROMISE TO LET THE DEPARTMENT KNOW IF, IN THE FUTURE, YOU DO TAKE REGULARLY ANY PRESCRIPTION DRUG OR OTHER DRUGS THAT MAY EFFECT YOUR WORK? (Y) (N)

GFD HAS A ZERO TOLERANCE POLICY FOR THE USE OF ALCOHOL WHILE ON CALL OR DURING TRAINING AND FOR ILLEGAL DRUG USE AT ANY TIME. DO YOU UNDERSTAND AND AGREE TO ADHERE TO THIS POLICY? (Y) (N)

LIST ANY TRAINING COURSES COMPLETED: _____

LIST AT LEAST 2 PERSONAL REFERENCES OF LOCAL TOWN PEOPLE:

(EMPLOYMENT APPLICATION CONTINUED)

I authorize investigation of all information contained herein and specifically authorize employers and references listed to provide the Department any and all information concerning me and by doing so, release all persons, schools, companies, corporations, credit bureaus, government agencies and medical personnel from any liability for any damage that may result from furnishing same to you.

I further agree to submit to alcohol and/or drug tests, if requested of me, at any time prior to, or during employment, including but not limited to urinalysis test, polygraph test, blood test, hair sampling, random or announced testing, with or without reasonable suspicion.

In consideration for my employment I agree to conform to the District policies, practices, rules, regulations and guidelines, which may be changed from time to time. I further agree that my employment and the terms and benefits provided to me is not intended to and does not constitute any contractual relationship, is for no definite period of time and is terminable by myself or the District with or without notice or cause. No oral statements or representations made either before or during employment can change or modify this non-contractual and at-will relationship.

In further consideration for my employment, I understand and agree that there are other forms, statements and provisions that have to be completed and agreed to, and those forms, statements and provisions are part of this application and will be included within my employment records.

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief.

Signature: _____

Date: _____