






EMPLOYMENT APPLICATION

Administration ■ 18602 N. 99TH Avenue ■ Sun City, AZ 85373-1436
Employment Information available at www.suncityfire.com
Phone: (623) 974-2321 ■ Fax: (623) 972-1996

Find us on Social Media:   

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the District to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the District to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a background check and medical examination, which may include providing body substance samples. The District will not discriminate or misuse information obtained through a consumer report, as provided by an applicable federal or state equal opportunity laws or regulations.

APPLICATION INSTRUCTIONS:
Read the job announcement before completing the application. Answer all questions completely, including any supplemental questionnaire forms. Type or neatly print all answers. Sign this application and all other forms. **Resumes may not be substituted in lieu of the requested information.** Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from the District. **Applications must be received by the posted deadline**, whether submitted in person or by U.S. mail, email, or fax. Sun City Fire District is not responsible for applications that are not received by the posted deadline, are incomplete, or are illegible.

GENERAL INFORMATION

Position Applying For: _____ Social Security Number: _____

Name: _____
Last First Middle Initial

Address: _____
Street Address/Apt. No. City State Zip Code

Home Cell Other Phone Home Cell Other Phone Email Address _____

Are you legally eligible for work in the United States? YES NO
All new hires will be required to submit verification of the legal right to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

Are you at least 18 years of age? YES NO

EDUCATION, TRAINING, AND SKILLS

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) may be required prior to hire

Driver's License Information:

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any CDL endorsements:				

Do you have a High School Diploma or G.E.D.? Yes No *If no, please indicate the highest grade completed: _____*

Education Information

Name of High School/College /University/ Trade, Business Technical School:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Name: _____

Professional Registrations, Licenses, and/or Certifications that relate to this position:

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

Specialized Certifications for specific field positions:

	AZ State Cert. Number	National Cert. Number	Expiration Date
EMT CERT:			
MEDIC CERT:			

Position interested in: Fire EMS Fire Prevention Administrative Other _____
(Check all that apply)

Are you a Veteran or qualified spouse of a Veteran? Yes No

Branch of Service: _____ **Date of Discharge:** _____ **(Please attach DD214)**

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include any experience prior to ten years ago that relates the position applying for. Your qualifications will be evaluated on the information provided on this application form and, if applicable, any supplemental questionnaire forms.

PLEASE NOTE: RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUIRED INFORMATION.

Position Title:	Employment Dates (mo/yr) From:	To:	
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
May we contact your present or most recent employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Time Worked: Years:	Months:	Reason for wanting to leave:	

Position Title:	Employment Dates (mo/yr) From:	To:	
Employer:	Phone #		
Address:	City:	State:	Zip:
Direct Supervisor:			
Annual Salary:	Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:			
Total Time Worked: Years:	Months:	Reason for leaving:	

Applicant's Name: _____

IF NECESSARY, YOU MAY MAKE ADDITIONAL COPIES OF THIS SHEET

Position Title:		Employment Dates (mo/yr) From:		To:
Employer:			Phone #	
Address:		City:	State:	Zip:
Direct Supervisor:				
Annual Salary:		Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:				
Total Time Worked:	Years:	Months:	Reason for leaving:	
Position Title:		Employment Dates (mo/yr) From:		To:
Employer:			Phone #	
Address:		City:	State:	Zip:
Direct Supervisor:				
Annual Salary:		Hours Per Week:	Number of Employees Supervised:	
Primary Job Duties:				
Total Time Worked:	Years:	Months:	Reason for leaving:	

References (List at least four)

Name	Address	Telephone	Years Known

To assist with verifying previous work experience and/or education, please list any other names you have gone by:

Have you ever been terminated, discharged, or resigned in lieu of termination due to misconduct or unsatisfactory service?

Yes No If yes, please name the employer, explain the circumstances, and date (mo/yr).

Have you ever been convicted of or pled guilty to a felony or other crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)?

- You must answer YES even if the matter was later dismissed, deferred, vacated, expunged or had any other legal action taken that may have removed the matter from court records.
- If you answer YES, you *must* provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

Yes No Explanation: _____

Applicant's Name: _____

PLEASE READ THE FOLLOWING STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW

- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from District employment, regardless of how or when discovered. I authorize the investigation of all statements contained in this application and release from all ability any persons or employers supplying such information, and I also release the District from all liability that might result from making the investigation.
- I understand that all documents requested and/or submitted, such as, but not limited to, cover letter, resume, certifications, and reference letters, are a part of the total application packet. Failure to submit all required documents shall cause my application to be eliminated from consideration.
- I authorize the District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that any offer of employment will be conditional upon the results of a criminal background investigation and a Driver's License check.
- I understand that any offer of employment will be conditional upon the successful completion of a physical and psychological examination and a drug screening test.
- I understand that my employment is at will, that the terms and benefits provided to me do not constitute any contractual relationship between myself and the District, 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.
- I understand that in consideration for my employment, I agree to comply with all federal, state, and local laws, as well as District policies, procedures, rules/regulations and guidelines, which may be changed from time to time.
- I understand that my employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
- I understand that this application will remain active only for the job opening for which I have applied and will become inactive upon completion of the associated hiring process.
- I understand that it is my responsibility to keep the District advised of any changes of address and/or phone number.
- I have read the above, understand its content and meaning, and agree to all of its provisions. By signing this application for employment, I certify that I understand all parts of it and have answered all questions fully and completely.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

**SUN CITY FIRE DISTRICT
SUPPORTS A DRUG FREE
WORKPLACE AND IS AN EQUAL
OPPORTUNITY EMPLOYER**