



Copper Canyon Fire and Medical Authority

26 B. Salt Mine Rd.
Camp Verde, Arizona 86322

Ph: (928)-567-9401
www.cc-fma.org

Employment Application

Read the following instructions carefully before completing application:

All requested information must be furnished, including information requested on supplemental questionnaires. The information you provide will determine your eligibility and qualifications for employment or further examination. If a category does not apply, write **N/A** for Not Applicable. Note, for completing "Employment history", fill in **ALL** spaces accurately and completely. Include all related employment, volunteer and military work experience. **DO NOT WRITE "SEE RESUME"**. All information contained on the application is subject to verification. Any omission, misstatement or falsification may be cause for rejection of this application, removal of your name from an eligibility list or discharge.

Position Applying For _____ Date _____

General Information

(Please type or print legibly with black ink)

Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City) (State) (Zip)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone _____ Message Phone _____

E-mail Address _____

Are you at least 18 years of age? Yes No

Have you ever applied for a position with Copper Canyon Fire and Medical Authority in the past? Yes No

Have you ever been employed by Copper Canyon Fire and Medical Authority in the past? Yes No

How did you learn of this job opportunity? _____

General Information (continued)

Date you are available for work _____

Are you a U.S. citizen? Yes No

If not, are you legally eligible to be employed under a visa or work permit? Yes No

Education

Do you have a High School Diploma or G.E.D.? Yes No

Name of High School _____

City _____ State _____

List colleges, universities, trade or business schools attended:

College/University (√ highest completed): 1 2 3 4 5 6

Name _____ Location _____

Major _____ Degree _____

Name _____ Location _____

Major _____ Degree _____

Name _____ Location _____

Major _____ Degree _____

Training

List position-related licenses, registrations or certificates.

Description	Number	Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any skills that you have relating to the position applied for:

Training (continued)

Indicate with an "√" on the job experience in the following:

Firefighter Engineer Captain Fire Marshal Fire Inspector Wildland

EMT Paramedic Hazardous Materials Technical Rescue

Clerical:

Receivables Payables Payroll Processing Multi-line Phone System Filing

Customer Service Writing Correspondence Meeting Minutes

Computer Proficiency: Word Excel Access PowerPoint Publisher

Application Questions

YES answers to the following questions will not necessarily result in denial of employment. The employer will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the employer in determining your eligibility, qualifications and suitability for employment. Attach additional sheets if necessary.

Have you ever been convicted of 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 or expunged. If you answer YES, please explain with location and date.

Yes No

Explanation _____

Are you able to perform essential functions with or without accommodation? Yes No

Explanation _____

Do you possess a valid Arizona driver's license? Yes No DL# _____

Employment History

Applicant **must account for entire work history**, including any gaps in employment. Please provide a **complete explanation for employment gaps**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Current Employer Name		Telephone	
Address	City/State	Zip Code	
Starting Position	Start Date	Starting Salary	Supervisor's Name
End Position	End Date	Ending Salary	Supervisor's Name
May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List job duties: _____			

Reason for leaving: _____			

Previous Employer Name		Telephone	
Address	City/State	Zip Code	
Starting Position	Start Date	Starting Salary	Supervisor's Name
End Position	End Date	Ending Salary	Supervisor's Name
May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List job duties: _____			

Reason for leaving: _____			

Employment History (continued)

Applicant **must account for entire work history**, including any gaps in employment. Please provide a **complete explanation for employment gaps**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Previous Employer Name		Telephone	
Address	City/State	Zip Code	
Starting Position	Start Date	Starting Salary	Supervisor's Name
End Position	End Date	Ending Salary	Supervisor's Name
May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List job duties: _____			

Reason for leaving: _____			

Previous Employer Name		Telephone	
Address	City/State	Zip Code	
Starting Position	Start Date	Starting Salary	Supervisor's Name
End Position	End Date	Ending Salary	Supervisor's Name
May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List job duties: _____			

Reason for leaving: _____			

Employment History (continued)

Applicant **must account for entire work history**, including any gaps in employment. Please provide a **complete explanation for employment gaps**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Previous Employer Name		Telephone	
Address	City/State	Zip Code	
Starting Position	Start Date	Starting Salary	Supervisor's Name
End Position	End Date	Ending Salary	Supervisor's Name
May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List job duties: _____			

Reason for leaving: _____			

Previous Employer Name		Telephone	
Address	City/State	Zip Code	
Starting Position	Start Date	Starting Salary	Supervisor's Name
End Position	End Date	Ending Salary	Supervisor's Name
May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List job duties: _____			

Reason for leaving: _____			

**Certification, Authorization, Release and Waiver
Read Carefully Before Signing**

- I certify that the information given by me in this Employment Application is true and complete and I understand and agree that the application process or my employment with CCFMA may be immediately discontinued if misrepresentations, falsified statements or material omissions are found to have been made. I authorize investigatory agencies, schools, former employers and former supervisors to provide any and all information pertinent to my employability, and hereby release those providing such information from any liability for doing so.
- I understand that employment, if offered, is contingent upon satisfactory results of a drug screening, employment verification, criminal background check utilizing fingerprint analysis, motor vehicle report and *physical examination as required by the District. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and lawful authorization to work in the U.S. and completing a form I-9. (* if applicable)
- I also understand that CCFMA, being an at-will employer may terminate my employment at any time, with or without cause and without liability and that my employment does not constitute a contract of employment between myself and the District. I will comply with and be governed by all federal and/or state laws, and District policies, rules, and procedures as may be in effect. If requested by the management at any time, I agree, while on Fire District property, to submit to the search of my person, possessions, cars, or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.
- I may be required to take a physical examination, at company expense, at any time, to determine if I am physically fit for the job I am to perform, including drug testing for probable cause, random testing, or pre-employment screening. I authorize any physician or hospital to release any information to the Fire District which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment, or in the future, during employment with the District, including drug testing information.
- I further understand that this is an application for employment only and that no employment contract of any kind is being offered or implied. I understand that if I am employed, such employment is for an indefinite period of time and that the District can change wages, benefits and conditions at any time.

I have read and understand the above:

Signature

Date