



FORT MOJAVE MESA FIRE DEPARTMENT

Employment Application

Important Instructions: Do not e-mail or fax your application. Your signed application will only be accepted in hard copy form with original signature. Mail or bring your completed application to Fort Mojave Mesa Fire Department, Administration Office, at 2230 Joy Lane, Fort Mohave, AZ 86426.

NOTICE:

1. TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.
2. THE DEPARTMENT EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.
3. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR EMPLOYMENT. SEE AVAILABILITY BLOCK.
4. EMPLOYMENT WITH FORT MOJAVE MESA FIRE DEPARTMENT IS EMPLOYMENT-AT-WILL.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
2. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (*SEE RESUME* IS NOT ACCEPTABLE).
3. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
4. CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN FORT MOJAVE MESA FIRE DEPARTMENT. FORT MOJAVE MESA FIRE DEPARTMENT WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

Exact title of position for which you are applying:

Office of Personnel Resource Management

POST OFFICE BOX 8488 FORT MOHAVE, ARIZONA 86427-8488 ☎ 928.768.9181

1. LAST NAME	FIRST NAME	MI	SOCIAL SECURITY No. (TO BE USED AS YOUR CANDIDATE ID No.)
2. CURRENT ADDRESS NUMBER & STREET		APT. NO.	CITY STATE ZIP CODE E-MAIL ADDRESS
3. PHONE (Home or Other Number Where You Can Be Reached)		4. BUS. PHONE	
		5. HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give date _____	
6. HAVE YOU EVER BEEN EMPLOYED BY THE FMMFD? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," exact job title and department was: Date separated: _____		7. WHEN ARE YOU AVAILABLE TO BEGIN EMPLOYMENT? _____	
		8. TYPE OF EMPLOYMENT THAT YOU WILL ACCEPT: <input type="checkbox"/> Full Time / suppression (rotating shifts, night work, weekends) <input type="checkbox"/> Full Time (40 hrs/wk) <input type="checkbox"/> Part Time	
9. DO YOU HAVE A REASON TO BELIEVE THAT YOU WILL NOT BE ABLE TO PERFORM ANY ESSENTIAL JOB FUNCTION FOR THE POSITION APPLIED FOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to either, please explain: _____ NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.		13. IF YOU ARE SUBJECT TO SELECTIVE SERVICE REGISTRATION, ARE YOU IN COMPLIANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. DO YOU REGULARLY TAKE ANY PRESCRIPTION MEDICATION OR OTHER DRUGS THAT MAY AFFECT YOUR WORK FOR THE FIRE DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU HAVE AN ALCOHOL OR DRUG ABUSE PROBLEM? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to either, please explain: _____		14. ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. US MILITARY Have you served honorably in the Armed Forces of the United States on active duty for a minimum of 6 months for reasons other than training? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to declare a service-connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/> At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Give dates of your (or spouses) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____ Are you a member of the Military Reserves? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____ Rank: _____ NOTE: To claim verteran's preference points, you must present proof of honorable discharge (DD214) when you file your application. This also applies to current Dept. employees.		15. DO YOU POSSESS A VALID ARIZONA DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		16. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PERSON CURRENTLY EMPLOYED BY FMMFD? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give name of person and relationship _____	
		17. HAVE YOU EVER BEEN KNOWN TO SCHOOLS, EMPLOYERS AND/OR OTHERS BY ANY OTHER NAME THAN THE ONE YOU CURRENTLY USE (INCLUDING MAIDEN NAME)? _____	
		19. DO YOU HAVE <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED	
		20. DO YOU HAVE AZ FIREFIGHTER I & II OR IFSAC CERTIFICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU HAVE NATIONAL OR AZ EMT-B/I/P CERTIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" to either, please explain: _____	
FOR OFFICIAL USE ONLY			
ELIGIBILITY FOR VETERAN'S PREFERENCE: YES NO			

21. EXPERIENCE: Beginning with your current or most recent experience (including volunteer experience), list your history, both employment and non-employment, for the last **SEVEN years**. Be specific and detailed. Account for all time lapses by indicating the dates and reason for the lapse.

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
HRS. PER WK.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
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HRS. PER WK.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

If additional space is needed for work experience, copy this form and attach.

22. NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED (STATE NUMBER OF YEARS COMPLETED)	UNITS COMPLETED		COURSE OF STUDY/MAJOR	TYPE OF DEGREE:	COMPLETED:	
	SEMESTER	QUARTER			Yes	No

23. LIST FIELDS OF WORK FOR WHICH YOU HAVE BEEN REGISTERED, LICENSED OR CERTIFIED	STATE ISSUED	CERTIFICATE NUMBER	DATE ISSUED AND EXPIRATION DATE
Registration:			
Registration:			

24. LIST SPECIFIC COURSES, WORKSHOPS, AND TRAINING YOU HAVE HAD THAT RELATES TO THE POSITION YOU ARE APPLYING FOR. INCLUDE CREDIT HOURS OR CEU'S, IF APPLICABLE.	NAME AND LOCATION OF INSTITUTION	LENGTH OF COURSE	ENDED

25. LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY	26. DO YOU HAVE A VALID DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/> NUMBER: _____ STATE _____ EXP DATE _____
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27. DESIGNATE SKILLS, IF REQUIRED FOR THIS POSITION. (Note: Testing of skills may be required prior to or following selection.)	Typing Speed _____ wpm	FOR OFFICIAL USE ONLY
	Data Entry Speed _____ wpm	
28. NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT	Approved _____	Examination Number _____
	Disapproved _____	Education Late Not Elg. Prom Met MQs/Scrnd Exp. Other _____
NAME _____ PHONE _____	Initials _____	Date _____
ADDRESS _____ CITY _____	Incomplete: License Not Elg. Restr. CSB Rule 4.12B CSB Rule 4.07	

INQUIRY WILL BE MADE OF YOUR FORMER EMPLOYERS OR THE LAST SCHOOL YOU ATTENDED REGARDING YOUR PERFORMANCE RECORD.
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

CERTIFICATE OF APPLICANT: I certify that I have given true, accurate and complete information on this form. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I understand that fingerprints will be taken and used to check criminal records. I authorize Fort Mojave Mesa Fire Department or its agents to investigate all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature: _____ Date: _____

FMMFD EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE Fort Mojave Mesa Fire Department policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.	Name: _____ Date: _____
	Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Choose the one Ethnic Group with which you most closely identify:	
<input type="checkbox"/> a. White (non-Hispanic)	
<input type="checkbox"/> b. Black (non-Hispanic)	
<input type="checkbox"/> c. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)	
<input type="checkbox"/> d. Asian (including Pacific Islander)	
<input type="checkbox"/> e. American Indian (including Alaskan native)	

DISABILITY: *Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment* (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY . Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of state law.	A. <input type="checkbox"/> None/Prefer not to report	G. <input type="checkbox"/> Respiratory impairment
	B. <input type="checkbox"/> Blind or severely visually impaired	H. <input type="checkbox"/> Nervous system/Neurological disorder
C. <input type="checkbox"/> Deaf or severely hearing impaired	I. <input type="checkbox"/> Mentally restored	
D. <input type="checkbox"/> Loss of limited use of arms and/or hands	J. <input type="checkbox"/> Mental retardation	
E. <input type="checkbox"/> Non-ambulatory (must use wheelchair)	K. <input type="checkbox"/> Learning disability	
F. <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	L. <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)	
	M. <input type="checkbox"/> Other (please specify) _____	