



**THREE POINTS FIRE DISTRICT**  
 10351 S. Sasabe Hwy. Tucson, AZ 85736  
 Telephone (520) 822-1086 Fax (520) 822-1959

# EMPLOYMENT APPLICATION

## An Equal Opportunity Employer

*It is the policy of the Three Points Fire District to grant equal opportunity to all persons in all terms, privileges and conditions of employment without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, military status, or disability.*

I am applying for: (Please check)  **FF/EMT** Date: \_\_\_\_\_  
 **FF/PARAMEDIC**  
 **PARAMEDIC / FF TRAINEE**

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name Full First Name Full Middle Name

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Street Address: \_\_\_\_\_  
Street City State Zip

Phone: (Home) \_\_\_\_\_ **CELL:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(a valid email address is required. All communication throughout the hiring process will be through email)

Social Security #: \_\_\_\_\_

Have you ever worked under another name? \_\_\_\_ Yes \_\_\_\_ No If yes, what name? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If so, provide details and dates regarding the conviction.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

When are you available for work? (List Date) \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

# EDUCATION

## School and Location

High School \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

GED or Equivalency (Date Completed) \_\_\_\_\_

College \_\_\_\_\_

Dates Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Date Completed \_\_\_\_\_

Date Completed \_\_\_\_\_

Professional Designations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade, Business/  
Correspondence School \_\_\_\_\_

Dates Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you speak a foreign language? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what language(s) and to what proficiency?

\_\_\_\_\_ Fluent \_\_\_\_\_ Good \_\_\_\_\_ Fair

\_\_\_\_\_ Fluent \_\_\_\_\_ Good \_\_\_\_\_ Fair

**CERTIFICATIONS**

\*AZ EMT/IEMT/CEP Certification #: \_\_\_\_\_ \*Please attach copy of cards.

\*Firefighter I and II certified? \_\_\_\_\_ Yes \_\_\_\_\_ No \*Please attach copy of card.

\*Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**REQUIRED DOCUMENTATION CHECKLIST**

Only include the following documents. Any additional certificates/documents will be accepted by individuals that are offered employment.

- High School Diploma, GED, or transcript showing proof of graduation
- Arizona Drivers License
- Arizona Firefighter I&II or NFPA 1001 equivalent
- Health Care Provider CPR
- Hazardous Materials First Responder Operations Level
- Basic Wildland S-130, S-190, and L-180
- State of Arizona EMT or CEP Card

**If you are a paramedic, you also need to attach:**

- PALS or equivalent
- ACLS

***NOTE: Applications received missing any of the above documentation will be discarded.***

The only exceptions are:

- If you are currently enrolled in a Fire Academy and expect to graduate and receive your certifications by the establishment of the eligibility list; or
- If you are a paramedic or a current paramedic student and you are willing to obtain your Firefighter I, Firefighter II, Hazardous Materials Fire Responder Operations level, and Basic Wildland (S-130, S-190, L180) within one year of employment as a condition of employment.

If either of these are the case, please list which documents you are not attaching and why.

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# EMPLOYMENT HISTORY

Starting with your present employer, please list your employment history for the past 10 years. Use separate sheet if necessary.

1. Employer \_\_\_\_\_ Starting Salary: \_\_\_\_\_

\_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Mailing Address City State Zip

Job Title \_\_\_\_\_ Dates of Employment

Work Performed \_\_\_\_\_ From: \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_ To: \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

2. Employer \_\_\_\_\_ Starting Salary: \_\_\_\_\_

\_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Mailing Address City State Zip

Job Title \_\_\_\_\_ Dates of Employment

Work Performed \_\_\_\_\_ From: \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_ To: \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

3. Employer \_\_\_\_\_ Starting Salary: \_\_\_\_\_

\_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Mailing Address City State Zip

Job Title \_\_\_\_\_ Dates of Employment

Work Performed \_\_\_\_\_ From: \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_ To: \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

**MILITARY HISTORY:**

Are you a Veteran of the U.S. Armed Services? \_\_\_\_\_ If so, which branch? \_\_\_\_\_

Are you currently serving as a Reserve in the U.S. Armed Services? \_\_\_\_\_ If so, which branch? \_\_\_\_\_

If you have served in the U.S. Armed Service, please attach a copy of your DD Form 214 to this application.

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

- ✓ 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.
- ✓ I understand that all documents requested are a part of the total application; this includes, but is not limited to, a resume, cover letter, or evidence of certification. 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 authorize the Three Points Fire District to conduct a background check, to contact former employers, and to obtain information from former employment files. 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 may be conditional upon the results of a pre-employment drug screen test, physical exam and successful completion of a physical agility test.
- ✓ I understand that employment is at the will of both parties and that employment can be terminated at any time with or without cause.
- ✓ I understand that this application will remain on file for 6 months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date of Receipt: \_\_\_\_\_ By: \_\_\_\_\_