



EMPLOYMENT APPLICATION



SUN CITY FIRE DEPARTMENT

18602 N. 99TH Avenue
Sun City, AZ 85373-1436
623/974-0090
623/972-1996 Fax
www.suncityfire.com

Thank you for your interest in employment with the Sun City Fire Department.

- Read the job announcement before completing the application.
- Request a copy if one is not provided.
- Please type or print neatly in ink (preferably black).
- Answer all questions completely and be sure to sign the application.

POSITION APPLIED FOR: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET ADDRESS/APT. # CITY STATE ZIP CODE

() - _____ () - _____ EMAIL ADDRESS _____
HOME TELEPHONE ALTERNATE TELEPHONE

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? YES NO

All new hires will be required to submit verification of the legal right to work in the United States within three (3) days beginning with their first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.

Have you been convicted of a criminal offense, including traffic violations? YES NO

If yes, explain – a YES will not necessarily bar you from further consideration: _____

Did you receive a high school diploma or GED? YES NO *Are you at least 21 years of age? YES NO

Name of Colleges or Universities Attended	From	To	Degree Y/N	Major or Minor
	/	/		
	/	/		

Other Schools: Technical, Business, Trade, Etc.	From	To	Certificate Y/N	Course Studied
	/	/		
	/	/		

Registrations / Certifications / Licenses / Special Skills:

FIREFIGHTER I & II ACCREDITED BY? COLLEGE FIRE DEPT. OTHER MM/YY RECEIVED ____ / ____

HAZMAT FIRST RESPONDER ACCREDITED BY? COLLEGE FIRE DEPT. OTHER MM/YY RECEIVED ____ / ____

EMT CERT. NO. _____ STATE NATIONAL EXPIRATION DATE ____ / ____

MEDIC CERT. NO. _____ STATE NATIONAL EXPIRATION DATE ____ / ____

DRIVER'S LICENSE YES NO STATE: _____ #: _____ EXPIRATION DATE ____ / ____

OTHER JOB RELATED CERTIFICATIONS: _____

*MINIMUM AGE REQUIREMENT IS 21 YEARS OF AGE UPON FULL-TIME EMPLOYMENT WITH THE SUN CITY FIRE DISTRICT.

- SHOW COMPLETE WORK EXPERIENCE. Include military and volunteer experience. DO NOT attach a resume in lieu of completing the following employment record.
- The amount of experience, and the way you describe it as it related to the position for which you are applying, is important.
- Start with your present or most recent position. If more space is required, fill out a blank sheet of paper or Employment Application Addendum.

Use the "Previous Employer" sections below to provide your complete employment record.

PRESENT/Most Recent Employer _____

Address:: _____
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: _____ Supervisor: _____

Major Duties: _____

Employment Dates ____ / ____ TO ____ / ____ Hours/Week _____ Salary _____

Reason(s) for Leaving: _____

Previous Employer _____

Address:: _____
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: _____ Supervisor: _____

Major Duties: _____

Employment Dates ____ / ____ TO ____ / ____ Hours/Week _____ Salary _____

Reason(s) for Leaving: _____

Previous Employer _____

Address:: _____
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: _____ Supervisor: _____

Major Duties: _____

Employment Dates ____ / ____ TO ____ / ____ Hours/Week _____ Salary _____

Reason(s) for Leaving: _____

Previous Employer _____

Address:: _____
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: _____ Supervisor: _____

Major Duties: _____

Employment Dates ____ / ____ TO ____ / ____ Hours/Week _____ Salary _____

Reason(s) for Leaving: _____

May we contact your present employer/supervisor? YES NO

CERTIFICATION OF APPLICANT: (READ YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW)

I hereby certify that all answers to the questions on this application are true, and I understand and agree that any misstatement or omission of material facts contained in this application and materials attached may disqualify me or be cause for dismissal from employment with the Sun City Fire Department. I also understand that it is my responsibility to keep the Fire District/Department advised of any change of address, and once submitted, this form and all materials attached, becomes the property of Sun City Fire Department.

SIGNATURE _____ DATE ____ / ____ / ____