



"Serving Rio Rico & Santa Cruz County"

# Rio Rico Medical & Fire District

822 Pendleton Dr • Rio Rico • Arizona • 85648  
(520) 281-8421 • Fax (520) 281-7670

Human Resources Use Only

RECEIVED: \_\_\_\_\_

APPLICATION REJECTED:

- LATE                       UNSIGNED
- ILLEGIBLE                 UNSOLICITED
- INCOMPLETE             OMISSIONS
- \_\_\_\_\_

## EMPLOYMENT APPLICATION

**RESUMES WILL NOT BE ACCEPTED IN PLACE OF THIS COMPLETED APPLICATION!**

**THIS APPLICATION IS ONLY VALID FOR OPEN ADVERTISED POSITIONS. RIO RICO MEDICAL & FIRE DISTRICT (RRMFD) IS NOT OBLIGATED TO RETAIN OR CONSIDER THIS APPLICATION FOR FUTURE OPENINGS.**

**INSTRUCTIONS:** Please complete all items. The information you provide will allow us to consider you for the open position you desire and/or other open positions for which you may be qualified. All information you provide will be used only for employment purposes. PLEASE PRINT ALL RESPONSES EXCEPT YOUR SIGNATURE. You may attach a resume and any applicable certifications to this application. RRMFD is an EQUAL OPPORTUNITY EMPLOYER.

Position Desired: \_\_\_\_\_  
Date Available: \_\_\_\_\_  Full-Time  Part-Time  
Wage Desired: \$ \_\_\_\_\_

Availability: \_\_\_Mornings \_\_\_Afternoons \_\_\_Evenings Overtime Restrictions?  Yes  No  
\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (Apartment #)  
\_\_\_\_\_  
(City) (State) (Zip)

### HOW MAY WE CONTACT YOU?

Home: \_\_\_\_\_  Work: \_\_\_\_\_  
 Message: \_\_\_\_\_  Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

How did you hear about this position? (please be specific) Do you have any relatives working for RRFD?

- Newspaper: \_\_\_\_\_  Yes  No
  - Internet: \_\_\_\_\_
  - Agency Referral: \_\_\_\_\_
  - School: \_\_\_\_\_
  - RRMFD Employee: \_\_\_\_\_
  - Friend: \_\_\_\_\_
  - Interest Card Response \_\_\_\_\_
  - Other: \_\_\_\_\_
- If yes, state name(s) of relative(s) and relationship(s):  
\_\_\_\_\_  
\_\_\_\_\_

#### CRIMINAL CONVICTIONS/TRAFFIC VIOLATIONS: Have you ever been convicted of:

1. A misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)?  Yes  No 2. A moving traffic violation within the last five years?  Yes  No  
If yes, ATTACH STATEMENT giving date(s), time(s), locations(s), circumstance(s), and dollar amount of fine(s). Include any condition of your parole and/or probation, if applicable. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

Have you ever been fired, forced to resign, or resigned in lieu of termination?  Yes  No If yes, please explain:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Please indicate Military Status. Branch: \_\_\_\_\_  Active  Reserve  Discharged Final Rank: \_\_\_\_\_  Not Applicable

**EMPLOYMENT RECORD:** In the spaces below, account for all the time for the past ten (10) years, whether working or not. START WITH YOUR MOST RECENT EXPERIENCE AND WORK BACKWARD. Include military service and any periods of unemployment. Give COMPLETE names and addresses. If self-employed, give firm name. Attach individual sheets, if necessary to cover the past ten (10) years. Do not say, "See Attached Resume." IF YOU ARE CURRENTLY EMPLOYED, WE WILL CONTACT YOUR EMPLOYER PRIOR TO EMPLOYMENT.

<b>JOB 1</b> <i>(Current or most recent employer)</i>						<b>POSITION:</b>	
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

<b>JOB 2</b>						<b>POSITION:</b>	
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

<b>JOB 3</b>						<b>POSITION:</b>	
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

<b>JOB 4</b>						<b>POSITION:</b>	
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

JOB 5						POSITION:	
FROM		TO		TOTAL		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

JOB 6						POSITION:	
FROM		TO		TOTAL		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

JOB 7						POSITION:	
FROM		TO		TOTAL		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

JOB 8						POSITION:	
FROM		TO		TOTAL		Name and Address of Employer	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.		
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____	
						Company Phone: _____	
Duties:						Reason for Leaving:	

JOB 9						POSITION:
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____ Company Phone: _____
Duties:						Reason for Leaving:

JOB 10						POSITION:
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____ Company Phone: _____
Duties:						Reason for Leaving:

JOB 11						POSITION:
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____ Company Phone: _____
Duties:						Reason for Leaving:

JOB 12						POSITION:
<b>FROM</b>		<b>TO</b>		<b>TOTAL</b>		Name and Address of Employer
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	
Starting Pay: \$ _____ per _____			Ending Pay: \$ _____ per _____			Supervisor: _____ Fax: _____ Company Phone: _____
Duties:						Reason for Leaving:

## EDUCATION

	Name and Address	Major Fields of Study	Diploma, GED or Type of Degree (attach copies)
<b>HIGH SCHOOL</b>			
<b>COLLEGE OR UNIVERSITY</b>			
<b>TECHNICAL, BUSINESS OR OTHER SCHOOLS</b>			
<b>OTHER SKILLS OR TRAINING</b>			
DESCRIBE ANY SPECIAL TRAINING, COURSES, OR CERTIFICATIONS RELATING TO THE POSITION YOU ARE SEEKING: (attach copies of all applicable certifications)			

### INDICATE WITH AN "X" ON THE JOB EXPERIENCE IN THE FOLLOWING

Fire/EMS Service	Admin/Clerical	Computer Proficiency
<input type="checkbox"/> Firefighter <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Multi-Line Phones <input type="checkbox"/> Payroll Processing	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint
<input type="checkbox"/> Engineer <input type="checkbox"/> Fire Inspector <input type="checkbox"/> Wildland	<input type="checkbox"/> Meeting Minutes <input type="checkbox"/> Fax <input type="checkbox"/> Postage Meter <input type="checkbox"/> Customer Service	<input type="checkbox"/> Publisher <input type="checkbox"/> Video <input type="checkbox"/> Web Publishing <input type="checkbox"/> Mail Merges
<input type="checkbox"/> Fire Marshal <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Technical Rescue	<input type="checkbox"/> Writing <input type="checkbox"/> Correspondence <input type="checkbox"/> Other: _____	
GIVE A BRIEF STATEMENT WHY YOU FEEL YOU ARE QUALIFIED FOR THIS POSITION:		

## 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 RRFD 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, \*physical examination and written tests 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)

In order to assure a drug-free work environment, the District prohibits the use, sale, transfer, being under the influence and/or reporting to work after using or ingesting drugs. Under District policy, alcohol is included within the meaning and prohibition of drugs. All District employees are subject to post accident/incident, reasonable suspicion and other drug and alcohol testing as specified in District policy. I understand that successful passage of such drug and alcohol testing will be a condition for continued employment.

Sexual Harassment is defined as any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made a job requirement, or causes changes in working terms or conditions, and/or (2) it has the effect and purpose of unreasonably interfering with work performance, or creating an intimidating, hostile, or offensive workplace. I understand that sexual harassment will not be tolerated and will be grounds for discipline, up to and including termination.

The District has a strong commitment to its employees to provide a safe, healthy and secure work environment. While the District has no intention of intruding into the private lives of its employees, it expects all employees to report to work without possessing weapons and to perform their jobs without violence toward any other individual. I understand that workplace violence will not be tolerated and will be grounds for discipline, up to, and including, termination.

If employed, I hereby authorize Rio Rico Fire District to deduct from my earnings amounts sufficient for my payments to cover any financial liability which I may incur during my employment. This may include, but not be limited to: damage to or loss of District vehicles or property, group insurance premiums, uniform costs, lost tools, equipment and supplies, tuition reimbursement, and other appropriate situations.

I have read the above, understand its content, and meaning, and agree to all of its provisions. I understand that upon my request, I will be provided a copy of my executed employment application.

**Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### IMPORTANT! BEFORE YOU SUBMIT, DID YOU REMEMBER TO:

- Answer all questions completely
- Attach copies of applicable documents
- Cover a full 10-yr. employment history
- Sign and date Application
- Explain all gaps in employment

**SUBMIT FORM**