



# GREER FIRE DISTRICT

Post Office Box 242  
GREER, ARIZONA 85927  
info@greerfiredistrict.com

## JOB APPLICATION

POSITION SOUGHT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOC SEC NUM: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (H) \_\_\_\_\_  
(C) \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ LIC. EXPIR. DATE: \_\_\_\_\_ CURRENTLY VALID: (Y)  (N)

ANY OTHER NAMES (ALIASES) USED: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ How long there? \_\_\_\_\_

MARITAL STATUS: (S) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ EDUCATION: LAST YEAR COMPLETED \_\_\_\_\_

HAVE YOU EVER WORKED FOR A FIRE DEPARTMENT BEFORE? (Y)  (N)  WHERE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Y)  (N)

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR IN THE PAST 3 YEARS? (Y)  (N)

IF YOU ANSWERED YES TO EITHER OF THE ABOVE TWO QUESTIONS, BRIEFLY EXPLAIN BELOW  
THE NATURE OF THE OFFENSE, DATE AND LOCATION \_\_\_\_\_

---

---

---

ARE YOU AN U.S. CITIZEN? (Y)  (N)  WHERE WERE YOU BORN? \_\_\_\_\_

IF NO, ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED UNDER A VISA OR ENTRY PERMIT?

**(All Applicants are to fill out INS form on separate sheet.)** DO YOU FLUENTLY SPEAK, READ  
AND WRITE ENGLISH? (Y)  (N)

ARE YOU REGULARLY TAKING ANY PRESCRIPTION MEDICATION OR OTHER DRUGS THAT MAY  
EFFECT YOUR WORK? (Y)  (N)

DO YOU PROMISE TO LET THE DEPARTMENT KNOW IF, IN THE FUTURE, YOU DO TAKE  
REGULARLY ANY PRESCRIPTION DRUG OR OTHER DRUGS THAT MAY EFFECT YOUR WORK?

(Y)  (N)

GFD HAS A ZERO TOLERANCE POLICY FOR THE USE OF ALCOHOL WHILE ON DUTY OR DURING  
TRAINING AND FOR ILLEGAL DRUG USE AT ANY TIME. DO YOU UNDERSTAND AND AGREE TO  
ADHERE TO THIS POLICY? (Y)  (N)

LIST ANY TRAINING COURSES COMPLETED: \_\_\_\_\_

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

LIST AT LEAST 3 PERSONAL REFERENCES:

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

**(EMPLOYMENT APPLICATION CONTINUED)**

I authorize investigation of all information contained herein and specifically authorize employers and references listed to provide the Department any and all information concerning me and by doing so, release all persons, schools, companies, corporations, credit bureaus, government agencies and medical personnel from any liability for any damage that may result from furnishing same to you.

I further agree to submit to alcohol and/or drug tests, if requested of me, at any time prior to, or during employment, including but not limited to urinalysis test, polygraph test, blood test, hair sampling, random or announced testing, with or without reasonable suspicion.

In consideration for my employment I agree to conform to the District policies, practices, rules, regulations and guidelines, which may be changed from time to time. I further agree that my employment and the terms and benefits provided to me is not intended to and does not constitute any contractual relationship, is for no definite period of time and is terminable by myself or the District with or without notice or cause. No oral statements or representations made either before or during employment can change or modify this non-contractual and at-will relationship.

In further consideration for my employment, I understand and agree that there are other forms, statements and provisions that have to be completed and agreed to, and those forms, statements and provisions are part of this application and will be included within my employment records.

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_