

**APPLICATION FOR EMPLOYMENT**

**Bullhead City Fire Department  
1260 Hancock Road  
Bullhead City, AZ 86442  
(928) 758-3971**

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Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital  
or veteran status, or any other legally protected status.  
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Date of Application: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_

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

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Have you ever been employed by Bullhead City Fire Department? If yes, give date: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Are you a U.S. Citizen or a legally registered alien? \_\_\_\_\_

*Proof of citizenship or immigration status will be required at time of employment*

Can you travel if the job requires it? \_\_\_\_\_ Drivers License No./State: \_\_\_\_\_

Have you had any traffic citations in the past three years? \_\_\_\_\_ If yes, please list citations:

\_\_\_\_\_  
Have you been convicted of a felony within the last seven years? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
*(Conviction will not necessarily disqualify applicant from employment.)*

Have you ever been discharged or forced to resign from any position? \_\_\_\_\_ If yes, please explain:

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

An Equal Opportunity Employer

**EDUCATION**

Did you graduate from high school? \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

*If accepted you must provide a copy of your high school diploma or GED certificate.*

Name of college, university, trade or technical schools attended and type of degree received:

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Please describe specialized training, apprenticeships, and certifications attained:

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Have you had any previous fire experience? \_\_\_\_\_ If yes, please indicate level of training, name and address of fire department, and length of service:

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Summarize relevant skills and experience that relate to the position applied for:

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List computer software with which you are familiar: \_\_\_\_\_

Are you fluent in languages other than English? \_\_\_\_\_ If yes, please list:

Language \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

Language \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

Language(s) \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, religion, gender, national origin, handicap or other protected status.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Hourly pay rate: Start \_\_\_\_\_ Final \_\_\_\_\_

Describe work performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Describe work performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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*All information on this application is subject to verification. The Bullhead City Fire Department will conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment.*

I understand that an employment offer is contingent upon the successful completion of a pre-employment drug test. Applicants testing positive for illegal drugs or unauthorized prescription drugs, will not be hired by the Bullhead City Fire Department. I further understand that any condition which may preclude my ability to perform essential functions of the job and such conditions that can not be reasonably accommodated will disqualify me from consideration for employment in the job for which I was examined.

This application for employment shall be considered active for a period of time not to exceed 60 days. I understand that neither this document nor any offer of employment from the employer constitute an employment contract.

If employed, I agree to abide by all policies, rules and regulations established by the Bullhead City Fire Department.

I certify that the answers given herein are true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications will cause forfeiture on my part of all eligibility to employment with the Bullhead City Fire Department. I authorize investigation of all statements contained in this application for employment.

My signature below acknowledges my understanding and agreement with the above.

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Signature of Applicant

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Date Signed

By typing your name in the signature field above, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.