



CENTRAL YAVAPAI FIRE DISTRICT

8555 E. Yavapai Road, Prescott Valley, AZ 86314

Telephone: 928/772-7711 Fax: 928/772-8800

Volunteer Application

Please type or print neatly in ink.

Answer all questions completely and be sure to sign the application.

Volunteer Position Applied For: _____

Name _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Do you have a valid Arizona Driver's License? Yes No

Driver's License Number: _____ State _____ Exp. Date _____

Availability: Monday Tuesday Wednesday Thursday Friday

Mornings (8 a.m. – noon) Afternoons (Noon – 5 p.m.) Evenings (5p.m.-8 p.m.)

_____ Hours per week _____ Flexible

When would you be available to start volunteering? (Specify date) _____

How did you learn of this volunteer opportunity? _____

Indicate highest level of education achieved _____

Areas of Interest: Administrative Fire Safety Maintenance Special Projects

Grant Writing Data Management Customer Service Not Sure

Other _____

Please list any special skills or talents:

Do you speak any languages other than English? ___Yes ___No

Indicate language(s) spoken _____

Have you ever been convicted of a crime? ___Yes ___No

If yes, please explain: _____

REFERENCES: List two people, not related to you, whom you have known for at least two years.

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone Number: _____ Phone Number: _____

Certification of Applicant: I hereby certify that I have answered all of the above questions honestly and to the best of my ability. I hereby authorize the Central Yavapai Fire District to verify the accuracy of statements on this application to conduct fingerprinting and background checks through the Department of Public Safety and the Federal Bureau of Investigation. I understand that while volunteering, I will be covered by the Central Yavapai Fire District Workers' compensation policy under ARS Statute 23-901.06.

Signature

Date



APPLICATION QUESTIONS

YES answers to the following four questions will not necessarily result in denial of employment. The employer will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the employer in determining your eligibility, qualifications and suitability for employment. Attach additional sheets if necessary.

Have you ever been convicted of, admitted committing, are awaiting trial, or have been placed on probation for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer YES even if the matter was later dismissed, deferred, vacated, expunged or had any other legal action taken that may have removed the matter from court records. If you answer YES, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES NO Explanation: _____

Have you ever been dismissed, fired or released from any position, paid or volunteer held for any length of time, resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer YES even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer YES, you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

YES NO Explanation: _____

Have you ever had any license or certificate of any kind revoked, suspended, placed on probation, or have you in any way been sanctioned by, or is any charge or complaint now pending against you? If you answer YES, you must provide the dates of the proceedings, name, address and telephone number of the agency or licensing body where proceedings took place, a statement of the accusations against you and the final disposition.

YES NO Explanation: _____

Are you now being investigated for any reason by any licensing, certification or other regulatory body or by your current or any previous employer? If you answer YES, you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES NO Explanation: _____

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 CYFD 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 and *physical and psychological examination 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)

- I also understand that CYFD, being an at-will employer may terminate my employment at any time, with or without cause and without liability and that my employment does not constitute a contract of employment between myself and the District. I will comply with and be governed by all federal and/or state laws, and District policies, rules, and procedures as may be in effect. If requested by the management at any time, I agree, while on Fire District property, to submit to the search of my person, possessions, cars, or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

- I may be required to take a physical examination, at company expense, at any time, to determine if I am physically fit for the job I am to perform, including drug testing for probable cause, random testing, or pre-employment screening. I authorize any physician or hospital to release any information to the Fire District which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment, or in the future, during employment with the company, including drug testing information.

- I further understand that this is an application for employment only and that no employment contract of any kind is being offered or implied. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above:

Signature

Date

RELEASE AUTHORIZATION

This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:

- A. *Criminal conviction records in any jurisdiction;*
- B. *Driving record in any state;*
- C. *Educational and Professional Certification records in any jurisdiction;*
- D. *Work performance, attendance and job related information.*

I agree to assist in this effort by contacting former employers and asking for full disclosure of my employment history.

I further understand that information obtained may be used by this employer in its sole discretion and without liability, to determine eligibility for initial or continued employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

Signature

Date

The following must be filled out completely for your application to be considered (Please print).

Last name

First name

Middle name

Other names by which you have been known and the dates those names where used

Home address

City/State

Zip code

Driver's license number

State of issue



CURRENT/PREVIOUS EMPLOYER REFERENCE REQUEST – 1

Applicant Section: Fill out entire top portion of form. Complete one form each for your three (3) most recent employers. Sign the form where indicated to authorize the release of this information to us. We will only contact your current employer with your permission (pg. 3). In the event that you are offered a position with the Central Yavapai Fire District, we will have to contact your current employer. LEAVE THIS FORM ATTACHED TO YOUR APPLICATION PACKET. Thank you!

Current or previous employer name: _____
 Company address, City, State, Zip: _____
 Supervisor: _____ Phone: _____ Fax #: _____
 Applicant name: _____ Social security number: _____
 Your position at the above named company: _____
 Dates of employment: from _____ to _____
 Reason for leaving: _____
 Applicant signature: _____ Date: _____

Employer section: The individual above has applied for a position with our organization and authorized the release of information regarding employment to us. In this lower section, please fill out as much information as you are permitted to and return to us via fax number or the mailing address listed below. Thank you for your assistance!

Name & title of person responding to this request: _____
 Signature: _____ Contact phone: _____

Does the above information (position, dates of employment, reason for leaving) agree with your records?

YES NO If no, please explain: _____

Would you rehire? YES NO If no, please explain: _____

Please rate the applicant's job performance:

Characteristic	Excellent	Above Average	Average	Poor	Comments
Quality of work					
Quantity of work					
Attendance					
Attitude and cooperation					
Dependability					
Professional knowledge					
Interpersonal relations					
Learning ability					

Current or ending salary \$ _____ per _____ Additional comments: _____

Mail to: Central Yavapai Fire District
 8555 E. Yavapai Road
 Prescott Valley, AZ 86314

OR Fax to: (928) 772-8800



PREVIOUS EMPLOYER REFERENCE REQUEST – 2

Applicant Section: Fill out entire top portion of form. Complete one form each for your three (3) most recent employers. Sign the form where indicated to authorize the release of this information to us. We will only contact your current employer with your permission (pg. 3). In the event that you are offered a position with the Central Yavapai Fire District, we will have to contact your current employer. LEAVE THIS FORM ATTACHED TO YOUR APPLICATION PACKET. Thank you!

Previous employer name: _____
 Company address, City, State, Zip: _____
 Supervisor: _____ Phone: _____ Fax #: _____
 Applicant name: _____ Social security number: _____
 Your position at the above named company: _____
 Dates of employment: from _____ to _____
 Reason for leaving: _____
 Applicant signature: _____ Date: _____

Employer section: The individual above has applied for a position with our organization and authorized the release of information regarding employment to us. In this lower section, please fill out as much information as you are permitted to and return to us via fax number or the mailing address listed below. Thank you for your assistance!

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 Signature: _____ Contact phone: _____

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 YES NO If no, please explain: _____

Would you rehire? YES NO If no, please explain: _____

Please rate the applicant's job performance:

Characteristic	Excellent	Above Average	Average	Poor	Comments
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Quantity of work					
Attendance					
Attitude and cooperation					
Dependability					
Professional knowledge					
Interpersonal relations					
Learning ability					

Current or ending salary \$ _____ per _____ Additional comments: _____

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