



# PONDEROSA FIRE DISTRICT

11951 W. Shadow Mountain Drive  
PO Box 16359  
Bellemont, AZ 86015  
Phone: 928-773-8933 Fax: 928-773-8927  
Email: [office@ponderosafire.org](mailto:office@ponderosafire.org)  
Website: [www.ponderosafire.org](http://www.ponderosafire.org)



## WELCOME

### GENERAL APPLICATION INFORMATION AND INSTRUCTIONS

This is a general application for Ponderosa Fire District which must be read and understood before entering the application process. The information contained in this packet is very important; therefore, make sure to review the contents before filling out the application. Should you have any questions during the application process, please contact the Administrative Office at 928-773-8933.

There are certain requirements and forms we need for you to know about, understand, and sign. Please read them carefully. If you do NOT agree with nor accept these requirements, do not sign the documents. Not signing these documents indicates that you are not comfortable with the Ponderosa Fire District's requirements and should not continue in the selection process.

Ponderosa Fire District is looking for honest, motivated individuals who are proud to be part of an organization that is dedicated to serving the public. We try to recruit and retain the best qualified personnel for the position regardless of race, color, national origin, religion, sex, age, disability or genetic information.

If the applicant is hired or accepted into volunteer service, he/she will serve a probationary period. All applicants wishing to be considered for a vacancy or volunteer service must submit an application. Only applications for current employment vacancies or volunteer service will be accepted. Unsigned applications are invalid. Applications must be filled out completely, even if a resume is attached.

Application must be received by the closing date (when applicable); late applications will not be considered. Once submitted the application and all attached documents become the property of Ponderosa Fire District.

Upon an offer of employment or acceptance into volunteer service, the following is required:

- Fingerprinting and Background Check:** As per ARS §48-853, Ponderosa Fire District requires all personnel in a sworn firefighter or volunteer firefighter position to submit a full set of fingerprint for the purpose of obtaining state and federal criminal records checks. Upon appointment to a position, a fingerprint card will be issued to you to take to the Flagstaff Police Department at 911 E. Sawmill; you may call 928-779-3646 to verify times and availability of this service. Tell them you need to be fingerprinted for Ponderosa Fire District employment and there will be no charge. The District may also engage in additional background checks, which may include communications with various agencies and organizations. Verification checks may be made with former employers, educational institutions, references, courts, police and/or credit reporting agencies. If you have reservations about background checks, you should not fill out an application.
- Driving Record:** Since employees and volunteers will use District vehicles and/or their own vehicles to accomplish District business, it is necessary that employees and volunteers have a driving record that is acceptable to our insurance carrier. All applicants must submit a 39 month driving record with their application.
- At- Will Employment:** At- will Employment means an employee, volunteer, or employer, can terminate employment or volunteer service with the District at any time and for any reason. This at- will status cannot be changed by any supervisor or manager either verbally or written.
- E-Verify:** Per the 1996 Illegal Immigration Reform and Immigrant Responsibility Act, by law employers are required to verify the identity and employment authorization of each person hired. Upon hire, you will be required to fill out a Form I-9, and provide appropriate identification.



# EMPLOYMENT/VOLUNTEER APPLICATION

## Ponderosa Fire Department

11951 W. Shadow Mountain Drive  
PO Box 16359  
Bellemont, AZ 86015  
928-773-8933 Fax: 928-773-8927

Please print

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Box # or Street City State Zip

Physical Address \_\_\_\_\_  
Street City State Zip

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

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ Work phone: \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen <input type="checkbox"/> yes <input type="checkbox"/> no		If no, are you authorized to work in the U.S. <input type="checkbox"/> yes <input type="checkbox"/> no	
Social Security #		Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have a valid Driver's License? <input type="checkbox"/> yes <input type="checkbox"/> no		#	State
Type (CDL)		Expiration Date	
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no		Cell phone carrier:	

List and explain any other names you have used: \_\_\_\_\_

MILITARY SERVICE	<input type="checkbox"/> yes <input type="checkbox"/> no	BRANCH	
FROM	TO	RANK AT DISCHARGE	
TYPE OF DISCHARGE		IF OTHER THAN HONORABLE, PLEASE EXPLAIN	

AVAILABILITY	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
I AM WILLING TO WORK	<input type="checkbox"/> 24 hr shift <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> nights	<input type="checkbox"/> Weekends			
LIST ANY LIMITATIONS TO YOUR AVAILABILITY							
HOURS AVAILABLE							

EDUCATION	HIGH SCHOOL/GED <input type="checkbox"/> yes <input type="checkbox"/> no	
COLLEGE/UNIV	COURSE OF STUDY	
DID YOU GRADUATE? <input type="checkbox"/> yes <input type="checkbox"/> no	HOW MANY YEARS DID YOU COMPLETE	

COLLEGE/UNIV	COURSE OF STUDY	
DID YOU GRADUATE? <input type="checkbox"/> yes <input type="checkbox"/> no	HOW MANY YEARS DID YOU COMPLETE	

List any languages, other than English, which you speak fluently: \_\_\_\_\_

FIREFIGHTER TRAINING/CERTIFICATIONS		(Attach certificates or other training documentation)	
	DATE COMPLETED		DATE COMPLETED
FIREFIGHTER I		WILDLAND CERT	
FIREFIGHTER II		EMT	
HAZMAT		PARAMEDIC	
FIRE SCIENCE CERT		CPR	
FEMA			

BUSINESS SKILLS			TRADES	
Computers	2-Way Radio	MS Office	Welding	
Printer/copier/fax	Paging System	MS Excel	Loader/Backhoe	
10 key adding machine	Email	MS Powerpoint	Mechanic	
Multi-line phone system	Desktop Publishing	Programming	Carpentry	
Firehouse Software	Quickbooks	Hardware Design	Plumbing	
Bookkeeping	Grant Writing	Other:	Electrical	

List any other special skills or training that you have that may be useful to the Fire department:

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PREVIOUS EMPLOYMENT <i>(Past 10 years; explain any gaps in employment-add additional sheets if necessary)</i>			
Current or Last Employer			
Phone #	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	From:	To:
Address:			
Job Title	Supervisor Name		
Job Duties/Responsibilities			
Reason for Leaving			

Next Previous Employer			
Phone #	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	From:	To:
Address:			
Job Title	Supervisor Name		
Job Duties/Responsibilities			
Reason for Leaving			

Next Previous Employer			
Phone #	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	From:	To:
Address:			
Job Title	Supervisor Name		
Job Duties/Responsibilities			
Reason for Leaving			

Next Previous Employer			
Phone #	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	From:	To:
Address:			
Job Title	Supervisor Name		
Job Duties/Responsibilities			
Reason for Leaving			

REFERENCES—professional/personal		
Name	Relationship	# Years Known?
Company	Phone Number	
Address		

Name	Relationship	# Years Known?
Company	Phone Number	
Address		

Name	Relationship	# Years Known?
Company	Phone Number	
Address		

How did you hear about Ponderosa Fire Department? \_\_\_\_\_

Within the past year, have you used or tried any illegal substances/drugs or any prescription medications without a doctor's prescription?

Yes: \_\_\_\_ No: \_\_\_\_

Do you possess or have you ever been in possession of a medical marijuana card? If so, do you currently have a doctor's prescription? Yes: \_\_\_\_ No: \_\_\_\_

Have you ever been convicted of a felony or misdemeanor, or a misdemeanor involving moral turpitude? Yes: \_\_\_\_ No: \_\_\_\_

Do you have an alcohol or substance abuse problem? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain: \_\_\_\_\_

Is there anything that might disqualify you from functioning as a volunteer of the Ponderosa Fire Department? Yes: \_\_\_\_ No: \_\_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical and/or physical limitations that would limit your ability to perform the heavy physical activities required of a firefighter? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please describe the limitations and/or assistance required:

\_\_\_\_\_

\_\_\_\_\_

Do you regularly take any prescription medications or other drugs that may affect your work?

Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have allergies to medications or any allergies that may inhibit your duties as a firefighter?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If yes, please describe:**

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**Do you have medical insurance?      Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Company name:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_

**In the case of any emergency, please contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

# Ponderosa Fire District

## DRUG AND/OR ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of **Ponderosa Fire District/Department (PFD)**, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. **I understand and agree that if I, at any time refuse, to submit to a drug or alcohol test under PFD policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.** I further authorize and give full permission to have PFD and/or PFD physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the PFD and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize PFD to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized PFD officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment/volunteer decisions, and to respond to inquiries or notices from government entities.

I will hold harmless PFD, its District physician, and any testing laboratory PFD might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a testing facility, physician, or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the PFD, its District physician, and any testing laboratory the District might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of the PFD policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT PFD WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER ITS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness (Print)

\_\_\_\_\_  
Signature

# **PONDEROSA FIRE DEPARTMENT**

## **APPLICANT'S RELEASE AND AGREEMENT STATEMENT**

As an employee for the Ponderosa Fire District, I am willing to furnish information for the determination of my qualifications. In connection with this application, I authorize all corporations, companies, credit agencies, education institutions, persons, law enforcement agencies, military services, and former employers to release information that they may have about me to Ponderosa Fire District, and I release them from any liability for doing so. I specifically waive any right I have under ARS §23-136.B to receive or examine a copy of any written communication regarding employment furnished by any former or current employer of mine. This authorization shall be valid for this and any future reports that may be requested. I hereby release Ponderosa Fire District and all persons from liability or damages that may result from furnishing the information requested.

I certify that the facts contained in this application are true, correct, and complete to the best of my knowledge. I realize any falsification (misrepresentation or omission of information) or incorrect information may disqualify me from being an employee/volunteer at Ponderosa Fire Department, and is basis for dismissal.

In consideration for my employment or volunteer service, I agree to conform to the Ponderosa Fire District's policies, practices, rules, regulations, and guidelines, which may change from time to time. I agree to help maintain a positive work atmosphere, promote good working relationships by respecting others' rights as individuals, encourage open communications between my co-workers, and to communicate in a professional manner with customers, clients, co-workers and supervisors.

Ponderosa Fire District is a smoke free workplace and promotes the health and safety all employees, visitors and members of the public; I agree to conform to the Ponderosa Fire District's tobacco use policies.

In further consideration for my employment or volunteer service, I understand and agree that there are other forms, statements, and provisions that must be completed and agreed to, and those forms, statements, and provisions will be part of this application and will be included within my personnel records. I further understand and agree that if I am employed or become a volunteer for Ponderosa Fire District, I will have no expectation of privacy in desks, locker, vehicles, or any other property owned by the District, and I will abide by all electronic, social media, and computer policies.

I further agree that the terms and benefits provided to me by the Ponderosa Fire District are not intended to, and do not constitute any contractual relationship, is for no definite period of time, and can be terminated by me or Ponderosa Fire District with or without notice or cause.

### **Applicant's Signature**

	<b>Date</b>
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**THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE TESTED, INTERVIEWED, ACCEPTED INTO VOLUNTEER SERVICE, OR EMPLOYED.**

### **OFFICE USE ONLY**

<b>PERSON ACCEPTING APPLICATION</b>	<b>DATE</b> _____
<b>Documents needed:</b>	
References called	
Training Certificates	
High School, GED, or College Diploma	