



# PINION PINE FIRE DISTRICT

2836 SOUTH DW RANCH ROAD  
KINGMAN, AZ 86401

PHONE: 928.757.1207

Position for which you are applying \_\_\_\_\_

Paid [ ] Volunteer [ ] Social Security Number \_\_\_\_\_

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

Other Names Used \_\_\_\_\_

Present Address \_\_\_\_\_ APT# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Previous Address \_\_\_\_\_

Phone (Area Code) \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you 18 years of age or older? Yes [ ] No [ ]

Do you possess a valid driver's license? Yes [ ] No [ ]

If yes, what is your driver's license number? \_\_\_\_\_

Have you ever been convicted of a crime? Yes [ ] No [ ]

If yes, explain the nature of the offense, disposition, date and location

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

Are you a U.S. citizen? Yes [ ] No [ ]

If not, are you legally eligible to be employed under a visa or entry permit? Yes [ ] No [ ]

In what language(s) are you fluent? \_\_\_\_\_

Have you had any of the following? Check yes or no

	Yes	No		Yes	No
Heart Trouble	[ ]	[ ]	Epilepsy	[ ]	[ ]
Tuberculosis	[ ]	[ ]	Fainting Spells	[ ]	[ ]
Anemia	[ ]	[ ]	Hernia (Rupture)	[ ]	[ ]
Low Blood Pressure	[ ]	[ ]	Skin Disease	[ ]	[ ]
High Blood Pressure	[ ]	[ ]	Nervous Breakdown	[ ]	[ ]
Rheumatic Fever	[ ]	[ ]	Shortness of Breath	[ ]	[ ]
Diabetes	[ ]	[ ]	Hearing Problems	[ ]	[ ]
Asthma	[ ]	[ ]	Back Trouble	[ ]	[ ]

Please give a brief medical history with names of physicians for the past 5 years:

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Have you ever received disability benefits from any source? Yes [ ] No [ ]

Present military standing: \_\_\_\_\_



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

I further agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to, or during my 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 confirm to the fire district policies, practices, rules/regulations and guidelines, which may be changed from time to time. I understand that my employment is at will, 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 fire 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 others 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.

I consent to a criminal background check to be performed, and authorize all law enforcement and reporting agencies to disclose to the fire district all aspects of my criminal history, of whatever nature.

By signing this application, I certify that I have read and understand the contents and limitations set forth above, and that the information provided anywhere in this application is true, and complete to the best of my knowledge and belief. I understand that providing false or misleading information shall be grounds for termination.

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Signature

Date