

Arrowhead Fire & Medical Authority



Please email your completed application to career@ahfma.org

Arrowhead Fire & Medical Authority

Administration
440 S Ocotillo Ave
Benson, AZ 85602
520.586.7617



Employment Application

Arrowhead Fire & Medical Authority is an equal opportunity employer. No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, age, sex, national origin, isability, or any other characteristics protected by state or federal laws.

Personal Information:

Last Name:	First Name:	Middle Initial	
Current Address:	City:	State:	Zip Code:

Social Security Number:	Drivers' License Number:	e-mail Address
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Home Phone Number:	Cellular Phone Number:
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Position Applying For: *(Check all that apply)* **Full Time** **Part Time**

CEP **EMT** **Admin.** **Wildland Firefighter** **Fleet Service Tech.**

Are you 21 years of age or older? **Yes** **No**

Are you legally allowed to work in the United States? **Yes** **No**

Have you ever been convicted of a felony or criminal misdemeanor? **Yes** **No**

If "YES", please explain:

Have you ever been employed by Arrowhead Fire & Medical Authority, Healthcare Innovations or Arrowhead Mobile Healthcare - Show Low EMS? **Yes** **No**

If "YES", provide reason for leaving:

Employment History:

Please list all employers beginning with the most recent. Please provide as much detail as possible; and account for any periods of unemployment longer than three months. Attach additional pages as necessary for at least the past five years of employment history.

Name of Employer:		From:	To:	
Street Address		City	State	Zip
Phone:	Name of supervisor:	Position Held:		Pay Rate:
Reason for Leaving:				

Name of Employer:		From:	To:	
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Street Address		City	State	Zip
Phone:	Name of supervisor:	Position Held:		Pay Rate:
Reason for Leaving:				

Affiliations or Memembrships:

Please list any additional Emergency Medical or Fire Service agencies with which you have been affiliated. This should include volunteer, reserve, paid on-call and professional positions not list in the Employment History section.

Name of Organization:		From:	To:	
Street Address		City	State	Zip
Phone:	Name of supervisor:	Position Held:		Pay Rate:
Reason for Leaving:				

Name of Organization:		From:	To:	
Street Address		City	State	Zip
Phone:	Name of supervisor:	Position Held:		Pay Rate:
Reason for Leaving:				

Name of Organization:		From:	To:	
Street Address		City	State	Zip
Phone:	Name of supervisor:	Position Held:		Pay Rate:
Reason for Leaving:				

Name of Organization:		From:	To:	
Street Address		City	State	Zip
Phone:	Name of supervisor:	Position Held:		Pay Rate:
Reason for Leaving:				

Professional References:

Please list at least three professional references not related to you. Be sure to provide complete addresses and phone numbers.

Name:		Phone:	email:	
Street Address	City	State	Zip	

Name:		Phone:	email:	
Street Address	City	State	Zip	

Name:		Phone:	email:	
Street Address	City	State	Zip	

Please Read Very Carefully Before Signing

I, _____, certify that all the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment or may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-placement physical examination, including a urine drug screen, to determine my ability to perform the essential functions of the position for which I have applied. I consent to the release of any or all medical information as may be deemed necessary to make this judgment. I understand that I must complete all required prerequisites; including a pre-hire written and clinical exam before being offered a clinical position with Arrowhead Fire & Medical Authority.

I further understand that any offer of employment will also be contingent upon the results of a AZ Department Of Public Safety Criminal Background Check, a Child Abuse History Clearance and a review of my Motor Vehicle Record (separate forms will be utilized to obtain consent for these requests).

I understand that neither this application, any segment of the hiring process nor any subsequent offer of employment will constitute a contract of employment nor guarantee employment for any definite period of time. If hired, I understand that Arrowhead Fire & Medical Authority maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Likewise, said employment may be terminated at any time by either the employer or the employee with or without notice. My signature attests that I have read, understand, and agree to each of the above statements and conditions.

May we contact your current employer? Yes No Not Employed

Signature of Applicant: _____ Date: _____