

Summit Fire District

Administration • 8905 N. Koch Field Rd • Flagstaff, AZ 86001 • 928-526-9537

Highlands Fire District

Administration • 3350 Old Munds Hwy • Flagstaff, AZ 86005 • 928-525-1717

Joint Fire Fighter Testing & Application Information



GENERAL APPLICATION INFORMATION

This is a general application for the Highlands and Summit Fire Districts, 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 form. If you have any questions or need anything explained, please feel free to ask!

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 requirements and should not continue in the selection process.

NOTE: If the testing process does not provide enough acceptable applicants to fill all job openings, then a new recruitment and testing process will be performed. If you wish to be considered for any successive hiring processes you will need to repeat the application process.

**Highlands and Summit Fire Districts are Equal Opportunity Employers.
Thank you for showing an interest in becoming a member of our team.**

WHO WE ARE SEEKING

We are looking for honest, motivated individuals who are proud to be part of a progressive 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.

It is the departments' desire to learn as much about the applicant and their qualifications as possible. To accomplish this, we expect applicants to be candid, honest, and responsible while they are participating in the review process.

If the applicant is hired, he/she will serve a probationary period, so we can learn more about the applicant and inform the applicant about the District and its culture. Being a team player is a very important aspect to successful employment.

Relevant job description(s) are available at www.highlandfire.org and www.summitfiredepartment.org; or upon request for the position(s) you are seeking. To have a complete understanding of job requirements and essential functions of the position, please read the minimum qualifications and job functions provided in the job description carefully to make sure you are qualified to meet job requirements.

IMPORTANT INFORMATION FOR APPLICANTS

If you wish to be employed, the information listed below regarding the selection process will be applicable. Your agreement with the policies and procedures stated here will be confirmed by completing and signing the application form.

1. **Fingerprinting and Background Check** – Pursuant to A.R.S. § 48-805, Highlands and Summit Fire Districts require all personnel in a sworn firefighter to submit a full set of fingerprints for the purpose of obtaining a state and federal criminal records check. Upon appointment to the position, finger print cards must be obtained at the Flagstaff Police Department or Coconino County Sheriff's Department. You may call Flagstaff Police Department at 774-1414 to verify times and availability of this service. The District may also engage in additional background checks, which may include communications with various agencies and organizations. In this regard, 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.
2. **Driving Record** – One of the concerns of the District involves an individual's driving record. Since employees 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.** This may be obtained from the Department of Motor Vehicles.
3. **At-will Employment** – At-will Employment means an employee, volunteer, or employer, can terminate employment or 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.
4. **Sexual Harassment** – Sexual harassment is defined as any unwelcome sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature when (1) submission of such conduct is made a job requirement or causes changes in working terms or conditions, and/or (2) it has the effect and purpose of unreasonably interfering with work performance or creating an intimidating, hostile or offensive work place. Sexual harassment will not be tolerated and will be grounds for immediate termination.

HFD & SFD GENERAL APPLICATION CHECKLIST

APPLICANT		
Last Name	First Name	M.I.
Position Applying for:		

Prior to completing the application attached, please indicate that you understand the contents of this hiring packet by checking off the box in front of each document listed below. If you have questions or would like to request a job description, please contact Highlands Fire at (928) 525-1717 or visit Station 23, 3350 Old Munds Highway, Flagstaff, AZ 86005; OR Summit Fire at (928) 526-9537 or visit Station 32, 8905 N Koch Field Rd, Flagstaff, AZ 86004. Please print and complete the application below and deliver, mail, or fax your application package to the stations above; or scan and email to jjones@highlandfire.org or cgioia@summitfiredepartment.org.

DOCUMENTS TO READ	
<input type="checkbox"/>	General Application Information
<input type="checkbox"/>	Who We are Seeking
<input type="checkbox"/>	Important Information for Applicants
<input type="checkbox"/>	Applicable Job Description (available online at www.highlandfire.org and www.summitfiredepartment.org or by request)
<input type="checkbox"/>	Opportunity Announcement (if available for current position opening/s)
<input type="checkbox"/>	Applicant's Statement

DOCUMENTS TO PROVIDE WITH YOUR APPLICATION	
<input type="checkbox"/>	Copy of your High School Diploma, GED, or evidence of higher education (e.g. Diploma, Transcripts, etc.)
<input type="checkbox"/>	Current 39-month Driving Record from the Motor Vehicle Department (MDV)
<input type="checkbox"/>	Copies of certification documents to validate minimum requirements, training, and experience (FF I & II, EMT Basic, etc.)

It is the policy of the Highlands and Summit Fire Districts to promote and ensure equal employment opportunity for all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, genetic information, or any other bias that is prohibited by law. In accordance with Civil Rights Act, Americans with Disabilities Act, Age Discrimination in Employment Act, Equal Pay Act, and Arizona Civil Rights Act, as each has been amended, the Districts will not tolerate discrimination in any aspect of employment, including: hiring and firing; compensation, assignment, or classification of employees; transfer, promotion, layoff, or recall; job advertisements; recruitment; testing; use of emergency facilities; training and career development programs; benefits; or other terms, conditions or privileges of employment.

PLEASE SIGN AND ATTACH THIS CHECKLIST TO THE FRONT OF YOUR APPLICATION	
Applicant's Signature	Date

FOR OFFICE USE	
Received by	Date



Summit Fire District

Administration • 8905 N. Koch Field Rd • Flagstaff, AZ 86004
Phone 928-526-9537 or FAX 928-526-2750

Highlands Fire District

Administration • 3350 Old Munds Highway • Flagstaff, AZ 86005
Phone 928-525-1717 or FAX 928-525-2808



APPLICATION

APPLICANT INFORMATION <i>Please print legibly in ink or complete this application online at www.highlandfire.org</i>		
Last Name	First Name	Middle Name
Address		Apt./Unit #
City	State	ZIP
Social Security Number	Phone Number	Other Number
Email Address		
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you 18 years of age or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a valid Arizona Drivers License?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have dependable transportation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	May you use your vehicle for business purposes?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Highlands FD?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when & what position?
Are you related to any Highlands FD employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, name & relationship?
Have you ever been convicted of a crime?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain.

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain.		

EMPLOYMENT INFORMATION & AVAILABILITY	
Position/s you are applying for:	Desired Compensation
I am interested in working:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Resident Volunteer <input type="checkbox"/>
I am willing to work:	24 hour Shifts <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/>
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when could you be available to work?
List any limitations to your availability?	

BUSINESS SKILLS

I am proficient using the following office & communication equipment:

- | | |
|---|--|
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Multi-line Phone System |
| <input type="checkbox"/> Printer/Copier/Fax | <input type="checkbox"/> Two Way Radio |
| <input type="checkbox"/> Ten Key Adding Machine | <input type="checkbox"/> Paging System |
| <input type="checkbox"/> Document Binder | <input type="checkbox"/> Postage Machine |

I am proficient using the following application software:

- | | |
|--|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft PowerPoint |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Firehouse |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> QuickBooks |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Desktop Publishing |

EDUCATION**High School**

From

To

City & State

Did you graduate?

YES NO

Awards, Extracurricular Activities, etc.

College/University

From

To

City & State

Did you graduate?

YES NO

Course of Study/Degree

How many years did you complete?

College/University

From

To

City & State

Did you graduate?

YES NO

Course of Study/Degree

How many years did you complete?

Other

From

To

City & State

Did you graduate?

YES NO

Course of Study/Degree

How many years did you complete?

REFERENCES *Please list three professional references.***Full Name**

Relationship

Years Known?

Company

Phone Number

Address

Full Name

Relationship

Years Known?

Company

Phone Number

Address

Full Name

Relationship

Years Known?

Company

Phone Number

Address

PREVIOUS EMPLOYMENT *Account for 10 years of your employment history. Please explain any gaps in employment.*

Current or Last Employer		Phone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address			
From	To	Starting Wage	Ending Wage
Job Title		Supervisor	
Job Duties/Responsibilities			
Reason for Leaving			
Next Previous Employer		Phone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address			
From	To	Starting Wage	Ending Wage
Job Title		Supervisor	
Job Duties/Responsibilities			
Reason for Leaving			
Next Previous Employer		Phone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address			
From	To	Starting Wage	Ending Wage
Job Title		Supervisor	
Job Duties/Responsibilities			
Reason for Leaving			
Next Previous Employer		Phone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address			
From	To	Starting Wage	Ending Wage
Job Title		Supervisor	
Job Duties/Responsibilities			
Reason for Leaving			
Next Previous Employer		Phone Number	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address			
From	To	Starting Wage	Ending Wage
Job Title		Supervisor	
Job Duties/Responsibilities			
Reason for Leaving			

ADDITIONAL PROFESSIONAL SKILLS

Please list any additional experience, qualifications, professional certifications, technical or clerical skills relevant to this position.

PHYSICAL ABILITY

Please explain any reasonable accommodations that may enable you to perform the essential functions of this position.

APPLICANT'S STATEMENT

1. All information given by me in this application is true and correct. False information (misrepresentation or omission of information) is a basis for dismissal. 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 from any liability for any damage that may result from furnishing same to you.
2. In consideration for my employment, I agree to conform to the Highlands and Summit Fire Departments' policies, practices, rule/regulations and guidelines, which may be changed from time to time. I agree to help maintain a positive work atmosphere by behaving and communicating in a manner that gets along with customers, clients, co-workers and supervisors. I further agree that my position (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 applicable 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.
3. In further consideration for my employment, 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.

Applicant's Signature

Date

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE INTERVIEWED OR EMPLOYED.