



Town of Eagar  
22 W. 2<sup>nd</sup> St. PO Box 1300  
Eagar AZ 85925  
(928) 333-4128 (928) 333-5140 (fax)

APPLICATION FOR EMPLOYMENT  
PLEASE **PRINT** CLEARLY

\_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
E-Mail Address

Position applying for: \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for the Town of Eagar before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month / Year Month / Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Names of Relatives working here \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

**EDUCATION**

Circle highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school; attended \_\_\_\_\_  
Name Address

**GENERAL**

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

**EMPLOYMENT RECORD**

Enter your employment records for the past 10 years; starting with the **last or current** position held, include military experience.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

EMPLOYMENT RECORD, CONTINUED

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**INDIVIDUALS INFORMATION**

Level of Physical Health: (circle one)    Excellent    Good    Fair    Poor

Date of last physical and Doctor's Name: \_\_\_\_\_

Do you have a valid Arizona driver's license? \_\_\_\_\_ Do you have a CDL (Commercial Driver License)? \_\_\_\_\_

Date of Birth \_\_\_\_\_ License Number \_\_\_\_\_ Exp. \_\_\_\_\_ Class \_\_\_\_\_

Do you have a reliable means of transportation? \_\_\_\_\_ Would you be able to respond to a fire call? \_\_\_\_\_

Answer all of the following questions. If you answer yes to any of the following questions, explain fully on a separate sheet of paper.

Have you ever been terminated from a job for not performing your specific duties? \_\_\_\_\_

At any time, would there be conflicts with your ability to respond to fire calls due to your personal or work schedule? \_\_\_\_\_

Do you live outside a 5-mile radius of the Town of Eagar? \_\_\_\_\_

List all previous training or experience you have in firefighting (include the name of the city, county, state, federal or private agency).

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

Emergency Medical Training:      First Responder \_\_\_\_\_ E.M.T. \_\_\_\_\_ I.E.M.T. \_\_\_\_\_ PARAMEDIC \_\_\_\_\_

Other Certifications: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**The Town of Eagar is an Equal Opportunity Employer.**

**APPLICANT MUST READ AND SIGN**

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THIS EMPLOYMENT APPLICATION. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with the Town of Eagar, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the Town of Eagar and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to provide such additional information and complete such examinations as may be required to complete my employment file.

I also understand the misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the Town of Eagar.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date