

PARKER Fire District
P.O.C./Recruit Documentation

All employees (part time) must complete and submit the following documents.

Employee Name: _____

Classification: Shift Qualified P.O.C.

Submitted	Type of Document
	Job Application
	Preferred (but not required) Certifications (to be shift qualified): <input type="checkbox"/> FFI & FFII <input type="checkbox"/> EMT(AZ DHS) <input type="checkbox"/> Open Water Dive
	Copies of all certifications (if available)
	Required Vaccination/Inoculation History:
	At Will Statement
	Physical
	<i>A-4 Employee's Arizona Withholding Percentage Election</i>
	<i>W4- Employees Withholding Allowance Certificate</i>
	<input type="checkbox"/> Immigration Form I-9 <i>(with supporting documents)</i>
	E – Verify (By BFD): <input type="checkbox"/> Submitted <input type="checkbox"/> Authorized
	<i>New Hire Form (Completed by BFD Human Resources)</i>
	Background Check – Fingerprint File (Records Check) (requested & submitted by BFD)

(Items in RED will be given after approval for recruitment offer)

I understand that my services rendered to the Parker Fire District are on a Paid-On Call (P.O.C.) and/or Recruit assignment basis only, and as such, I am not entitled to employee benefits.

Signature

Date

Parker Fire District New Employee Documentation

Required Medical Vaccinations/Inoculations:

Precautionary measures must be taken when working with the public and health related issues. The following medical tests, vaccinations and inoculations must be current:

1. *TB Skin Test
2. *Hepatitis B (Series of 3 inoculations)
3. *MMR (Measles, Mumps, & Rubella)
4. Blood Borne Pathogens Class (BFD Orientation)



*See the La Paz County Health Department on Tuesdays & Thursdays for reduced rates.

A copy of the above tests shall be submitted to the BFD Medical Officer.

PARKER FIRE DISTRICT EMPLOYMENT APPLICATION

8500 Riverside Drive, Parker, AZ 85344
Phone: 928-667-3321 • Fax: 928-667-3431
Website: www.buckskinfid.com
Email: admin@buckskinfid.com

APPLICATION INSTRUCTIONS:

Read the job description. Type or neatly print all answers. Sign this application. **Resumes may not be substituted in lieu of the requested information.** Any omission, misstatement, or falsification may be cause for rejection of this application or dismissal if employed. Applications must be **received** by the posted deadline for the current recruitment process; applications received after the deadline will be placed in a pool to evaluate during the next recruitment cycle. Applications may be had delivered, mailed, or e-mailed to:

admin@buckskinfid.com

GENERAL INFORMATION

POSITION APPLIED FOR:

Name (Last, First, MI):

Home Address:

City:

State:

Zip Code:

Message Phone:

Telephone:

Email:

Do you have a legal right to work in the U.S.? Yes No

All new hires will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with their first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification. The District is not able to accommodate an HB-1 Visa.

Have you ever been convicted of a felony? Yes No

Date of Arrest: _____ (m/d/yyyy) State: ____ Description of Charges: _____

Have you ever been discharged from employment or resigned in lieu of termination?

Yes No If yes, explain: _____

DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification:
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>List any CDL endorsements:</i>				

Do you have a High School Diploma or a G.E.D.? Yes No

EDUCATION INFORMATION

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Registrations, Licenses, and/or Certifications *that relate to this position.*

Type of Professional Registration, License, and/or Certification:	License Number and State (if applicable):	Date Received: (m/d/yyyy)	Expiration Date (if applicable)

List any specialized training and/or trade schools:

Are you a Veteran or qualified spouse of a Veteran? Yes No (Please attach DD214)

Branch of Service: _____ Date of Discharge: _____ (m/d/yyyy)

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last five years. Include any experience prior to five years ago that relates to the position. You may add additional pages if necessary.

PLEASE NOTE: RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

To assist with verifying previous work experience and/or education, please list other names you have used. _____

Position Title:	Employment Dates (Mo/Yr) From:	To:
Employer:	Phone #	
Address:	City:	State: Zip:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Time Worked:	Years:	Months: Reason for wanting to leave:

Position Title:	Employment Dates (Mo/Yr) From:	To:
Employer:	Phone #	
Address:	City:	State: Zip:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Time Worked:	Years:	Months: Reason for wanting to leave:

Position Title:	Employment Dates (Mo/Yr) From:	To:
Employer:	Phone #	
Address:	City:	State: Zip:
Direct Supervisor:		
Annual Salary:	Hours Per Week:	Number of Employees Supervised:
Primary Job Duties:		
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Time Worked:	Years:	Months: Reason for wanting to leave:

Position Title:	Employment Dates (Mo/Yr) From:			To:
Employer:	Phone #			
Address:	City:	State:	Zip:	
Direct Supervisor:				
Annual Salary:	Hours Per Week:	Number of Employees Supervised:		
Primary Job Duties:				
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Time Worked:	Years:	Months:	Reason for wanting to leave:	

Position Title:	Employment Dates (Mo/Yr) From:			To:
Employer:	Phone #			
Address:	City:	State:	Zip:	
Direct Supervisor:				
Annual Salary:	Hours Per Week:	Number of Employees Supervised:		
Primary Job Duties:				
May we contact your present or most current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Time Worked:	Years:	Months:	Reason for wanting to leave:	

Professional References

Name	Address	Telephone	Years Known

PLEASE READ THE FOLLOWING STATEMENTS AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.

Eligible Employees and/or Volunteers WILL

- Be 18 years at the time of conditional offer of employment
- Possess a valid state driver's license and acceptable driving record by time of conditional offer of employment.
- Have no criminal conviction that would prevent duties as a Firefighter. If you have questions regarding this, please contact the Fire Chief directly.
- Successfully pass testing/selection and oral interview process
- Successfully pass an in-depth background investigation
- Successfully complete a medical and drug screening test
- Successfully complete District orientation training
- Successfully complete District approved academy [N/A for Fire Chief Position]
- Successfully complete physical agility test

Certification of Understanding:

- I also authorize the Buckskin Fire District and Parker Fire District to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that in consideration for my employment: I agree to comply with all federal, state and local laws, as well as District policies, procedures, rules/regulations, and guidelines, which may be changed from time to time.
- I understand that despite its legality for medical purposes, Buckskin Fire District and Parker Fire District maintains a policy in adherence with Federal Guidelines for Marijuana use. I agree to comply with this policy.
- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that, any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from the Buckskin Fire District or Parker Fire District.

Printed Name

Signature

Date (MM/dd/YYYY)

PARKER FIRE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY:

I agree to submit to a pre-employment physical examination to be conducted by the physician as designated by the Parker Fire District, at the expense of the Parker Fire District. I understand that I must successfully pass the firefighter physical before acceptance for employment. I also agree that in the event that I should be employed by the Parker Fire District I will submit to further examinations when requested by the Parker Fire District. In the event of my employment, I agree to abide by all present and subsequently issued rules and regulations of the Parker Fire District. I authorize all previous employers to furnish the Parker Fire District with my records; reasons for leaving, and all information that they may have concerning me, and I hereby release them and the Parker Fire District, and Bucksfire Fire District from all liability for any damage whatsoever arising there from. I also authorize investigation of all statements in this application. I understand that in the event of my employment by the Parker Fire District, I shall be subject to dismissal should any of the information given in this application be false or if I have failed to give any material information herein requested.

I hereby certify that I am an applicant for employment with the Parker Fire District, and that all the statements above are true and correct to the best of my knowledge and belief.

Signature

Date

Printed Name

Administration only

Reviewed by: _____

Signature

Date

PARKER FIRE DISTRICT

AUTHORIZATION TO VERIFY EMPLOYMENT RECORDS AND BACKGROUND INVESTIGATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE AND REQUEST ANY CURRENT OR FORMER EMPLOYER OR OTHER PERSON HAVING PERSONAL KNOWLEDGE ABOUT ME, TO FURNISH THE PARKER FIRE DISTRICT WITH ANY AND ALL INFORMATION IN THEIR POSSESSION REGARDING ME IN CONNECTION WITH AN APPLICATION FOR EMPLOYMENT FOR THE POSITION OF: _____.

I AM AGREEABLE THAT A PHOTOCOPY, IF THIS AUTHORIZATION BE ACCEPTED, WITH THE SAME AUTHORITY AS THE ORIGINAL.

I HEREBY WAIVE ANY AND ALL RIGHTS TO BRING A LAWSUIT OR CLAIM OR TO COLLECT DAMAGES, AND FURTHER RELEASE, INDEMNIFY, AND HOLD HARMLESS THE PARKER FIRE DISTRICT, ITS AGENTS, EMPLOYEES, AND REPRESENTATIVES, PRESENT AND PAST EMPLOYERS, SUPERVISORS, AND OTHERS WHO MAY PROVIDE INFORMATION BASED UPON THIS AUTHORIZED REQUEST.

I, _____ UNDERSTAND THAT A CRIMINAL RECORDS CHECK MUST BE DONE ON THIS APPLICATION BEFORE I AM ACCEPTED AS AN EMPLOYEE. I HEREBY AUTHORIZE THE LA PAZ COUNTY SHERIFF DEPARTMENT TO RECORD MY FINGERPRINTS AND AUTHORIZE THE PARKER FIRE DISTRICT TO SUBMIT THE FINGERPRINTS TO THE AZ DEPARTMENT OF PUBLIC SAFETY – APPLICANT TEAM ONE TO PERFORM THE BACKGROUND INVESTIGATION AND REPORT THE RESULTS TO THE FIRE CHIEF OF PARKER FIRE DISTRICT. I WAIVE WHATEVER FEDERAL, STATE OR LOCAL RIGHTS I MAY HAVE REGARDING THE PROHIBITION AGAINST THE DISSEMINATION OF THIS INFORMATION TO THE PARKER FIRE DISTRICT. I DO NOT WAIVE WHATEVER PRIVILEGE(S) I HAVE AGAINST FURTHER DISSEMINATION BY THE PARKER FIRE DISTRICT.

PRINT NAME: _____ OTHER NAMES USED: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

DRIVERS LICENSE NO. _____ STATE: _____ EXPIRATION DATE: ____/____/____

APPLICANT SIGNATURE: _____ DATE: ____/____/____

Arizona Department of Public Safety – Applicant Team One:

PLEASE RUN A FINGERPRINT/ BACKGROUND CHECK ON THE ABOVE APPLICANT.

SIGNATURE: FIRE CHIEF, PARKER FIRE DISTRICT _____ DATE / / SUBMITTED _____

<p>RESULTS: 1. NO RECORD FOUND _____</p> <p>2. NEED FURTHER INFO / TIME _____</p> <p>3. PLEASE CONTACT OUR OFFICE ABOUT THE RESULTS _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>AZ Department of Public Safety – Applicant Team One _____</p>

PARKER FIRE DISTRICT

AT WILL STATEMENT

The Elected Officials of the Parker Fire District determine all policies for the operation of the district. The implementation of these policies, is the sole responsibility of these officials and the interpretation or construction of any provision (s) resides exclusively with these officials.

Employment with the Parker Fire District is AT-WILL. This means either the employee or the employer may terminate the employment relationship at any time for any reason.

The use of discipline is determined solely by the elected officials of the Parker Fire District. Thus, the use of discipline or the procedures or practices therefor, or lack thereof, are not intended to create, and do not create any contractual commitments or guarantees. Again, it is the District's intent to maintain the AT-WILL employment relationship. Parker Fire District reserves the unrestricted right to discipline and discharge employees, to maintain the flexibility of disciplining in the most appropriate manner considering all the facts and circumstances of a particular situation.

No Employee or supervisor, with the exception of the Chief, has any authority to enter into any agreement or commitment for employment or continued employment and, even then, it must be reduced to writing and signed by the parties. Likewise, no employee or supervisor has any authority to make any representations, oral or written, that are contradictory to this clear statement of the AT-WILL NON-CONTRACTUAL RELATIONSHIP. Any such statements are not to be relied upon.

§.....§

I have read the above statement and acknowledge that my employment with Parker Fire District is AT-WILL.

Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present **one** selection from **List A**
or a combination of one selection from **List B** and one selection from **List C.**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.