



**PICTURE ROCKS**  
**FIRE & MEDICAL DISTRICT**  
 HONOR • COMMITMENT • SERVICE

Applicant Information			
Position Title		<input type="checkbox"/> Fulltime <input type="checkbox"/> Reserve	Date
Last Name	First	M.I.	Other
Street Address			Apartment/Unit #
City	State		Zip
Phone	Email		
Date Available	Social Security No.		
Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a valid Arizona driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is your driver's license number?			
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor involving moral turpitude?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to either of the above questions, explain below, the nature of the offense, date and location.			
Are you a U.S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, are you legally eligible to be employed under a visa or entry permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you fluently speak, read, and write English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you regularly take any prescription medication or other drugs that may affect your work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied a certification by the Arizona Department of Health Services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List your job-related licenses, registrations, or certifications with their numbers and expiration dates (attach a separate sheet if necessary):			
Are you willing to work the days and hours required by our work schedule?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Availability: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
<input type="checkbox"/> A Shift <input type="checkbox"/> B Shift <input type="checkbox"/> C Shift <input type="checkbox"/> 12 hour <input type="checkbox"/> 24 hour			
Are you able to perform all essential job functions for the position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require a reasonable accommodation to perform any essential job function? If so, please describe:		<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Education			
High School		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Employment History	
List paid or verifiable non-paid experience, including unemployment, school, self-employment, and military service. If you had more than one position with the same employer, list each position separately. Explain any breaks in employment. Attach a separate sheet if necessary.	
Company	From To
Address	Phone #
Supervisor	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities	
Company	From To
Address	Phone #
Supervisor	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities	
Company	From To
Address	Phone #
Supervisor	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities	
Company	From To
Address	Phone #
Supervisor	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities	



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**Other**

“Yes” answers to the following 4 questions will not necessarily result in denial of employment. Picture Rocks Fire and Medical District will consider all the circumstances, including the date and nature or events which have led to the actions described below. Your written explanation will assist Picture Rocks Fire and Medical District in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

**Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations, not involving any allegation of drug or alcohol impairment)? You must answer “yes” even if the matter was later dismissed, deferred, vacated, or expunged, etc. If you answer “yes” you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).**  Yes  No

**Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “yes” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “yes” you must provide the date of termination of employment, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination.**  Yes  No

**Have you ever had any license or certificate of any kind revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification, or other regulatory agency or body, public or private? If you answer “yes” you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, and a statement of the accusations against you and the final disposition.**  Yes  No

**Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification, or other regulatory body or by your current or any previous employer? If you answer “yes” you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.**  Yes  No



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**ACKNOWLEDGEMENT OF APPLICANT**

Read This Before Signing This Application

I acknowledge that the Picture Rocks Fire and Medical District has a public trust and public safety obligation to the community it serves, therefore 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 from 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, blood test, hair sampling, random or announced testing, with or without reasonable suspicion.

In consideration for my employment, I agree to conform to district policies, practices, rules/regulations, and guidelines, which may be changed from time to time. I further agree that my employment 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 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 other 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 with my employment records.

Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this application, or if any false information is furnished, Picture Rocks Fire and Medical District will reject my application; (2) if any false information is furnished, I will be ineligible for any future consideration for employment; and (3) if I am employed by Picture Rocks Fire District, I may be dismissed from employment, and any professional certifications may be revoked, if it is later determined that I have furnished false information on this application.

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief.

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**Applicant's Signature**

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**Date**

The Picture Rocks Fire and Medical District is an equal opportunity employer.



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**RELEASE FOR BACKGROUND CHECK**

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE PICTURE ROCKS FIRE AND MEDICAL DISTRICT

I, \_\_\_\_\_, have applied for employment with Picture Rocks Fire and Medical District to work as a \_\_\_\_\_. I understand that in order for Picture Rocks Fire and Medical District to determine my eligibility, qualifications, and suitability for employment, Picture Rocks Fire and Medical District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and former employers and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information. This background investigation will also include a criminal background check.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the family educational rights and privacy act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive /  I do not waive (check only one) my right to see any written reference or other information provided to Picture Rocks Fire and Medical District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to Picture Rocks Fire District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that Picture Rocks Fire and Medical District will not further consider my application if it cannot complete its background investigation.

I waive /  I do not waive (check only one) my right to receive a copy of any written communication furnished to Picture Rocks Fire and Medical District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to Picture Rocks Fire and Medical District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by Picture Rocks Fire and Medical District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be valid as an original.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



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**STATEMENT OF UNDERSTANDINGS**

In furtherance of and in addition to the understandings stated on the employment application, and if you wish to be employed, you will be asked to sign this statement of understanding.

1. I understand that my employment does not constitute any contractual relationship and is terminable at any time by myself or the District for any reason or without cause. I further understand that no supervisor has any authority to (and cannot) enter into any agreement for employment, written or oral; and no representations made either before or during employment can change or modify this non-contractual policy.
2. The district utilizes basic common-sense rules, standards, guidelines, and practices in its day-to-day work requirements and employment. Only some of these rules, standards, etc. are in written form. However, both the written and unwritten standards of employment and job performance are in effect. The rules, standards, guidelines, and practices (often referred to as policies) may be amended or rescinded from time to time at the discretion of the District. These policies are not intended to and do not constitute any contractual relationship.
3. District property and District premises include lockers, closets, or other receptacles for storing personal property. The District reserves the right to inspect or search lockers, etc., in the event grounds exist for such inspection or search, or on a random basis. The grounds may include questions, suspicions, or investigation of theft or missing property (District or otherwise), possession of alcoholic beverages or illicit drugs, and/or possession of dangerous weapons. I understand and agree that I am subject to the possibility of searches or inspections of my personal effects, lunch box, purse, etc. in the event it is deemed necessary by the District. Periodic notices of random inspections may be given.
4. Drug/alcohol testing: In order to assure a drug free work environment, the district prohibits the use, sale, transfer, being under the influence and/or reporting to work after using or ingesting illicit drugs or an over the counter drug which may impair an employee. Under district policy, alcohol is included within the meaning and prohibition of drugs. One way to maintain a drug-free workplace is to test applicants and employees; and therefore, successful passage of drug tests will be a condition for employment and/or continued employment.
5. Sexual harassment: Sexual harassment is defined as any unwelcome sexual advances, requests 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 workplace. Sexual harassment will not be tolerated and will be grounds for immediate termination.

I have read this statement and fully understand and agree with it.

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**Applicant's Signature**

---

**Date**



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**NOTICE OF INTENT TO VERIFY BACKGROUND INFORMATION**

In connection with my application for employment with you, I understand that a consumer report may be requested that may include information as to my character, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available.

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**Applicant's Signature**

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**Date**