



Groom Creek Fire District Application for Employment



POSITION FOR WHICH YOU ARE APPLYING _____

Volunteer _____ Reserve _____ Paid Call _____

Social Security Number - _____ Date of Birth _____

Name
Last _____ First _____ Middle _____

Other Names Used _____

Present Address _____ Apt. Number _____

City _____ State _____ Zip _____

Phone () _____ Message Phone () _____

Are You 18 Years of Age or Older? Yes _____ No _____

Do You Have a Valid Arizona Driver's License? Yes ___ No ___ DL# _____ Exp Date _____

Have You Ever Been Convicted of a Felony? No _____ Yes _____ If Yes, State Nature of Offense, Disposition of Case, Location of Offense and Date of Offense. _____

Have You Ever Been Convicted of a Misdemeanor Involving Moral Turpitude? No _____ Yes _____

Are You A U.S. Citizen? Yes _____ No _____

Do You Fluently Speak, Read and Write English? Yes _____ No _____

Do You Regularly Take Prescription Medications or Other Drugs That May Affect Your Work? Yes ___ No ___

Do You Have an Alcohol or Drug Abuse Problem? No _____ Yes _____ If Yes, Please Explain _____

Do You Have Experience or Education/Training Related to the Position For Which You Are Applying?

No _____ Yes _____ If Yes, Summarize _____

Have You Received A Copy of the Description and Requirements for this Position? Yes _____ No _____

Please Provide any Other Information You Would Like Considered Pertaining To Your Employment _____

I authorize investigation of all information contained herein and authorize the employers and references to give you any 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, polygraph test, blood test, hair sampling, random or announced testing, with or without reasonable suspicion.

In consideration for my employment, I agree to conform to Groom Creek Fire 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 Groom Creek Fire District at any time with or without notice or cause. No oral statements or representations made either before or during my employment can change this non-contractual or at-will employment.

In further consideration for my employment, I understand 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 in my employment records.

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.

Signature _____ Date _____

Fire District Use:

Date Received	Drug Tested	Background Verification	SOP/SOG Issued
Physical Test	Completed FF1/FF2	Completed Wildfire	Completed EMT-Basic
Assigned to Station	Position	EMT Level	Shift Assignment
Turnouts	Wildfire Gear	Radio	Pager

Groom Creek Fire District Application Addendum

Probationary Period –

All volunteer firefighters will be subject to a 1-year probationary period. At any time during the probationary period, either party may discontinue employment without notice or cause. Each promotion in rank granted shall be subject to a 12 months probationary period.

Applicant Signature _____

Attendance –

All personnel will be required to attend at least 2 training sessions each month unless otherwise excused by the Fire Chief prior to completion of probationary period. Failure to attending required training will result in termination of employment.

Applicant Signature _____

Required Training Levels –

Volunteer Member:

District Orientation (4 hrs)
Driver's Training (4 hrs)
Incident Command System (4 hrs)
CPR & First Aid or
First Responder EMS

Reserve Member:

Arizona Firefighter I & II Certification
Basic Wildland Firefighter
Hazardous Materials First Responder - Operations
Arizona EMT-Basic Certification

Paid Call Member:

Wildland Crew Boss
Advanced Incident Command

All training levels shall include completion of any physical agility requirements to obtain certification.

Applicant Signature _____



GROOM CREEK FIRE DISTRICT

FEDERAL DEATH BENEFIT AUTHORIZATION FORM

It is strongly recommended that all members pre-sign this form so that, in the event of an accident, their families do not have the extra burden of filling out the form. Pre-signing also helps guarantee that families do not lose the benefit due to an omission on anyone's part.

I, _____, a member of the Groom Creek Fire District, give my permission for the necessary tests to be run to secure the Federal death benefit for my next of kin, as listed in my personnel file. I understand that these tests include carbon monoxide levels and blood alcohol levels. These tests are critical in nature and, as such, are covered by doctor/patient confidentiality.

Signature of Member

In lieu of the above, next of kin **MUST** fill out the following:

I, _____, swear that I am the next of kin of _____, who was performing official duties for the Groom Creek Fire District at the time of his/her death. I understand that it may be necessary for blood alcohol level and/or carbon monoxide level tests to be run in order for surviving dependents to receive the Federal Public Safety Officer's Benefit. I hereby authorize such tests to be done.

Date	Name
Witness	Witness

I understand the information above, but **do not give my permission** for the blood alcohol level or carbon monoxide level tests. I also understand that, by failing to do so, the surviving dependents of _____ may be ineligible for the Federal Public Safety Officer's Benefit.

Date	Name
Witness	Witness

In Case of Emergency Notify:	
Name	
Address	
City	
State	
Zip	
Phone	



Groom Creek Fire District Volunteer Firefighter's Relief and Pension Plan Reimbursement Authorization Form

As a requirement of membership in the Groom Creek Fire District and the Volunteer Firefighter's Relief and Pension Plan, I, _____, hereby authorize the Groom Creek Fire
Please Print Name
District to deduct seven and one-half (7.5%) percent from my normal reserve duty compensation which will be deposited into my account in the Groom Creek Fire District Volunteer Firefighter's Relief and Pension Fund, along with a matching seven and one-half percent (7.5%) from the Groom Creek Fire District.

I understand that six months of service will be required prior to the first deduction, after which time the pension amount earned for the first six months of service will be deducted along with my normal reimbursement withholding.

Signed _____