

PHOENIX FIRE DEPARTMENT
Phoenix, Arizona

VOLUNTEER APPLICATION

VOLUNTEER PROGRAM APPLYING FOR:

- | | |
|--|--|
| <input type="checkbox"/> CADET PROGRAM

<input type="checkbox"/> COMMUNITY ASSISTANCE PROGRAM (CAP)
<input type="checkbox"/> EMT (CR UNIT)
<input type="checkbox"/> BEHAVIORAL HEALTH (CR UNIT)
<input type="checkbox"/> INTERNSHIP/PRACTICUM | <input type="checkbox"/> FIRE & LIFE SAFETY

<input type="checkbox"/> CLERICAL

<input type="checkbox"/> YOUTH FIRESETTER PROGRAM INTERNSHIP

<input type="checkbox"/> OTHER _____ |
|--|--|

LAST NAME:	FIRST NAME:
ADDRESS:	
CITY / STATE / ZIP:	
HOME PHONE	BUSINESS PHONE:
E-MAIL ADDRESS	PAGER/CELL PHONE

EDUCATION

SCHOOL NAME CITY & STATE WHERE LOCATED	DATES OF ATTENDANCE		NO. OF SEMESTER OR CREDIT HOURS EARNED	COURSE TITLES OR MAJOR FIELD	DEGREE OR CERTIFICATE RECEIVED
	FROM	TO			

DO YOU HAVE ANY CRIMINAL CONVICTIONS (OTHER THAN PARKING VIOLATIONS AND JUVENILE OFFENSES)? IF SO, GIVE DETAILS IN COMMENTS SECTION BELOW. DESCRIBE WHEN, WHERE, AND DISPOSITION OF CASE. FOR MOST JOBS, CONVICTIONS WILL NOT AUTOMATICALLY BE GROUNDS FOR DISQUALIFICATION FROM CONSIDERATION. RELATIONSHIP TO JOB WILL BE CONSIDERED.

- YES

 NO

COMMENTS – LIST ANY DETAILS REQUIRED BY ANSWERS GIVEN ELSEWHERE.

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JOB EXPERIENCE

EXPERIENCE: Your qualifications will be evaluated on the basis of the information you provide on this application. The amount and way you describe your experience may determine whether or not you qualify for the interview. Begin with your present or most recent position, describe your employment and your employment history for at least the past five years. Describe additional related experience on the back of this sheet if needed.

MOST RECENT JOB	EMPLOYER: _____ ADDRESS: _____ PHONE: (____) _____
DATES FROM: ___/___/___ TO: ___/___/___ MO/YR MO/YR	TOTAL TIME: ___ FULL-TIME: ___ PART-TIME: ___ HRS PER WK: ___ SUPERVISOR'S NAME: _____
JOB TITLE: _____ _____ _____ _____ _____	
NO. SUPERVISED: _____	

2ND MOST RECENT JOB	EMPLOYER: _____ ADDRESS: _____ PHONE: (____) _____
DATES FROM: ___/___/___ TO: ___/___/___ MO/YR MO/YR	TOTAL TIME: ___ FULL-TIME: ___ PART-TIME: ___ HRS PER WK: ___ SUPERVISOR'S NAME: _____
JOB TITLE: _____ _____ _____ _____ _____	
NO. SUPERVISED: _____	

3RD MOST RECENT JOB	EMPLOYER: _____ ADDRESS: _____ PHONE: (____) _____
DATES FROM: ___/___/___ TO: ___/___/___ MO/YR MO/YR	TOTAL TIME: ___ FULL-TIME: ___ PART-TIME: ___ HRS PER WK: ___ SUPERVISOR'S NAME: _____
JOB TITLE: _____ _____ _____ _____ _____	
NO. SUPERVISED: _____	

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MOST RECENT VOLUNTEER EXPERIENCE	AGENCY: _____ ADDRESS: _____ PHONE: (____) _____
DATES FROM: ___/___/___ TO: ___/___/___ TOTAL TIME: ___ HRS PER MONTH: ___ SUPERVISOR'S NAME: _____ MO/YR MO/YR	
DESCRIBE DUTIES: _____ _____ _____	
<input type="checkbox"/> CHECK HERE IF WE MAY CONTACT THEM	

RECENT VOLUNTEER EXPERIENCE	AGENCY: _____ ADDRESS: _____ PHONE: (____) _____
DATES FROM: ___/___/___ TO: ___/___/___ TOTAL TIME: ___ HRS PER MONTH: ___ SUPERVISOR'S NAME: _____ MO/YR MO/YR	
DESCRIBE DUTIES: _____ _____ _____	
_____ INITIAL HERE IF WE MAY CONTACT VOLUNTEER AGENCIES	

PERSONAL REFERENCES

NAME OF INDIVIDUAL	LENGTH OF TIME KNOWN		RELATIONSHIP, IF ANY	ADDRESS	PHONE NUMBER
	FROM	TO			

Read this application and your answers carefully before signing below.

I HEREBY CERTIFY THAT ALL THE STATEMENTS CONTAINED HERE AND ON ANY ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT OMISSIONS OR MISSTATEMENTS MAY BE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL OF MY NAME FROM ANY CITY OF PHOENIX ELIGIBLE LIST OR DISCHARGE FROM THE PHOENIX FIRE DEPARTMENT'S VOLUNTEER PROGRAM. I UNDERSTAND THE FIRE DEPARTMENT MAY CONDUCT PROBABLE CAUSE DRUG TESTING. I UNDERSTAND THAT THE CITY OF PHOENIX HAS THE RIGHT TO SEARCH PERSONAL VEHICLES AND LOCKERS ON CITY PROPERTY FOR PROBABLE CAUSE. IT IS MY RESPONSIBILITY TO KEEP THE PROGRAM OFFICE ADVISED OF ANY CHANGES TO MY ADDRESS OR TELEPHONE NUMBER(S). I AUTHORIZE REFERENCE CHECKS AND VERIFICATION ON INFORMATION SUBMITTED.

SIGNATURE: _____ **DATE:** _____

THE CITY OF PHOENIX DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, SEX, AGE, DISABILITY, NATIONAL ORIGIN OR SEXUAL ORIENTATION. ALL INDIVIDUALS ARE ENCOURAGED TO APPLY FOR OPPORTUNITIES WITHIN THE CITY OF PHOENIX.

PHOENIX FIRE DEPARTMENT
POLICE BACKGROUND CHECK FOR
VOLUNTEER APPLICANTS – 2008

******PLEASE ATTACH A COPY OF YOUR DRIVERS
LICENSE TO THIS FORM
& EMT Certification, if applicable.**

DATE: _____

FIRST NAME (LEGAL NAME): _____

MIDDLE NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

AZ DRIVERS LICENSE NUMBER: _____

AZ DRIVERS LICENSE EXPIRATION DATE: _____

CURRENT ADDRESS: _____
(STREET ADDRESS; NO P.O. BOXES)

CITY / ZIP CODE: _____

SEX: _____

ETHNIC: _____

HEIGHT: _____

WEIGHT: _____

EYES: _____

HAIR: _____

******PLEASE USE INK & PRINT CLEARLY******