

APPLICATION FOR EMPLOYMENT



Golden Valley Fire District

749 S Egar Road, Golden Valley, AZ 86413

Phone: 928-565-3479

Website: www.goldenvalleyfire.org

Email: gvfd@goldenvalleyfire.org

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City State Zip Code

Home Phone: () Cell Phone: () E-mail: _____

Position Applied for: _____ Full-time Part-time Volunteer/Trainee

Date Available: _____ Desired Salary: \$ _____

Are you 18 years of age or older? Yes No If no, when will you be 18? _____

Do you possess a valid driver's license? Yes No If yes, what state? _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for GVFD? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

EDUCATION

High School: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate? Yes No Diploma GED

College: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____
Attach copy

Other Training: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate? Yes No Certificate: _____
Attach Copy

Other Training: _____ City: _____ State: _____
From: _____ To: _____ Did you graduate? Yes No Certificate: _____
Attach Copy

