



Application for Employment

Personal Information

Date

Name		Social Security Number	
Current Address	City	State	Zip
Mailing Address	City	State	
Phone	Cell Phone	Email	

Position Applying For

Availability			Are you currently working	
Current Fire Station #	City	State	Zip	
Have you worked with AFS in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, give dates	
Veteran Status	Yrs. Served	Medic? Yes <input type="checkbox"/> No <input type="checkbox"/>	Discharge Date	Highest Rank
				Wounded Warrior Yes <input type="checkbox"/> No <input type="checkbox"/>
Fireline qualified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Own your own kit? ALS <input type="checkbox"/> BLS <input type="checkbox"/>	EMT Yes <input type="checkbox"/> No <input type="checkbox"/>		Paramedic Yes <input type="checkbox"/> No <input type="checkbox"/>

Certifications

Type	Number	State	Exp. Date
State EMT or Paramedic			
Red Card			
National EMT			
National Paramedic			
Other			

Fire Experience

Fire	EMT <input type="checkbox"/> Paramedic <input type="checkbox"/>	Year:	Duration	State
Fire	EMT <input type="checkbox"/> Paramedic <input type="checkbox"/>	Year:	Duration	State
Fire	EMT <input type="checkbox"/> Paramedic <input type="checkbox"/>	Year:	Duration	State



Application for Employment (cont.)

Previous Employment

1 - Employer From _____ to _____	Name	Captain/Manager
Position	City & State	Phone number
2 - Employer From _____ to _____	Name	Captain/Manager
Position	City & State	Phone number
3 - Employer From _____ to _____	Name	Captain/Manager
Position	City & State	Phone number

References

Name	Email	Phone	Yrs. known
Name	Email	Phone	Yrs. known
Name	Email	Phone	Yrs. known

"I certify that the facts contained in this document are true and complete, to the best of my knowledge. I understand that I can be dismissed from employment with American Fire Service (AFS) if any of the information in this document is found to be false. I authorize AFS to investigate all statements in this document, and verbally given during the interview process. Additionally, I release AFS from any liability for damage that may result from utilization of information obtained during this investigation. I understand that this is not a contract of employment. If employment is granted, a signed, written agreement will be offered through an official AFS representative.

I do not permit the release, or use, of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State laws.

I understand that a consumer credit report or criminal records check may be necessary, prior to my employment. If such reports are required, I understand that, in compliance with Federal law, AFS will provide me with a written notice regarding the use of these reports, and will also obtain a separate written authorization from me. I understand that poor credit history or a conviction will not automatically result in disqualification from employment."

In compliance with Federal law, AFS verifies all employees' identity and eligibility to work in the United States.

Date

Signature

Return completed form to:

Email: office@afsmedics.com

FAX: (888) 285-4125

Regular Mail:

1201 Demerse Ave
Prescott, AZ 86301