



CLARK COUNTY FIRE DEPARTMENT RURAL DIVISION

Resident (Rural)

Non-Resident (live in Las Vegas Valley)

Position(s) applying for:

Administrative EMS Support ESF Exterior ESF Interior Wildland

Please answer the following questions:

	YES	NO
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a High School Diploma or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>
Can you submit proof of your legal right to work in the US?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Veteran's preference?	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following required information:

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

Birth Date _____ Last four of SSN _____

Mailing Address: _____

City: _____ State: _____ ZIP Code _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Notification Person: _____

Emergency Notification Phone: _____

EMT Status: None Basic Advanced Paramedic

SNHD EMS # _____ Expiration date _____

CPR expiration date: _____

State/IFSA Firefighter certifications None HazMat Firefighter 1 Firefighter 2

Driver License Information

LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATE	CLASS	ENDORSEMENTS	RESTRICTIONS

Acceptance as a Volunteer Firefighter is contingent upon the background investigation and physical examination.

Copies of EMS/CPR and Firefighter certifications **MUST** accompany this application. Please forward your completed application and certifications to Rebecca Williams at FAX: (702) 455-8349, Telephone (702) 455-7703 or by email: Rebecca.Williams@clarkcountynv.gov



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ARE YOU CURRENTLY EMPLOYED BY THE COUNTY? YES NO (IF "YES", COMPLETE THE FOLLOWING)

TITLE: _____ DEPARTMENT: _____ DIVISION: _____

STATUS: PERMANENT PART-TIME TEMPORARY

DO YOU HAVE ANY RELATIVES WORKING FOR CLARK COUNTY? YES NO (IF YES, COMPLETE THE FOLLOWING):

NAME: _____ DEPARTMENT: _____ RELATIONSHIP: _____

YOUR HIGHEST LEVEL OF EDUCATION: <input type="checkbox"/> Some High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificate of Attendance <input type="checkbox"/> Technical College <input type="checkbox"/> Master's Degree <input type="checkbox"/> High School, GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Doctorate			
High School (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Junior College (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major:
College/University (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major/Minor:
College/University (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major/Minor:
Trade/Vocational (name/city/state):	Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:	Area of Study:



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EXPERIENCE: STARTING WITH YOUR MOST RECENT JOB, INCLUDE ALL EMPLOYMENT. LIST ALL YOUR WORK/VOLUNTEER EXPERIENCE THAT QUALIFIES YOU FOR THE JOB YOU ARE APPLYING FOR. HUMAN RESOURCES WILL DETERMINE WHETHER OR NOT YOU MEET THE MINIMUM QUALIFICATIONS FOR THE JOB BASED ON YOUR EXPERIENCE AS YOU DESCRIBE IT ON YOUR APPLICATION. **DO NOT SUBSTITUTE A RESUME OR WRITE "SEE ATTACHED RESUME" FOR THIS APPLICATION, AS INFORMATION ON YOUR RESUME WILL NOT BE CONSIDERED.**

NOTE: ANY MODIFICATION OR RE-CREATION OF THIS OFFICIAL APPLICATION OR SUPPLEMENTAL WILL RESULT IN THE APPLICATION BEING REJECTED.

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

1. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE :(MO/YR) _____ END DATE: (MO/YR) _____

DUTIES:

REASON FOR LEAVING: _____

2. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE :(MO/YR) _____ END DATE: (MO/YR) _____

DUTIES:

REASON FOR LEAVING: _____



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3. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE :(MO/YR) _____ END DATE: (MO/YR) _____

DUTIES:

REASON FOR LEAVING: _____

4. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE :(MO/YR) _____ END DATE: (MO/YR) _____

DUTIES:

REASON FOR LEAVING: _____



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NOTE: ANY MODIFICATION OR RE-CREATION OF THIS OFFICIAL APPLICATION OR SUPPLEMENTAL WILL RESULT IN THE APPLICATION BEING REJECTED.

- List all criminal convictions that you have on your record, that are higher than a moving violation. Please include the state, date, and disposition of each conviction.

BY SUBMITTING THIS APPLICATION, I VERIFY ALL STATEMENTS MADE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT:

1) ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL BE CAUSE FOR REJECTION OF MY APPLICATION MATERIALS OR DISCHARGE FROM EMPLOYMENT.

2) I UNDERSTAND THAT PRIOR TO EMPLOYMENT, I MUST SHOW PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE UNITED STATES. I UNDERSTAND AS INDICATED ON THE ONLINE EMPLOYMENT APPLICATION I MUST LIST ALL CRIMINAL CONVICTIONS THAT I HAVE ON MY RECORD, THAT ARE HIGHER THAN A MOVING VIOLATION. I MUST INCLUDE STATE, DATE, AND DISPOSITION OF EACH CONVICTION. I FURTHER UNDERSTAND THAT A CONVICTION DOES NOT AUTOMATICALLY BAR ME FROM EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION. PERIODICALLY AFTER EMPLOYMENT BACKGROUND INVESTIGATIONS MAY BE CONDUCTED.

SUBMITTING THIS APPLICATION AUTHORIZES CLARK COUNTY TO CONDUCT ANY AND ALL NECESSARY BACKGROUND CHECKS RELATED TO THIS POSITION.

SIGNED: _____ DATE: _____

PRINT NAME: _____