

# Champions Emergency Services District | Interest Form

Thank you for your interest in joining our team. Please complete all sections below so we can match you with suitable opportunities as they arise. Fields marked with an asterisk (\*) are required.

## 1 · Personal Information

FIRST NAME \*

LAST NAME \*

PREFERRED NAME / NICKNAME

## 2 · Contact Details

STREET ADDRESS \*

CITY \*

STATE \*

ZIP \*

PRIMARY PHONE \*

EMAIL ADDRESS \*

## 3 · Preferred Contact Method

How would you like us to reach you?

Email

Phone Call

No Preference

## 4 · Consent & Submit

*I confirm that the information provided on this form is accurate and complete to the best of my knowledge. I consent to this organization storing my personal data for the purpose of contacting me regarding future employment opportunities. I understand I may withdraw this consent at any time by contacting the HR department.*