

GRAVOIS FIRE PROTECTION DISTRICT
CAREER FIRE PERSONNEL APPLICATION

PLEASE PRINT or TYPE Any application that is not complete or illegible will be rejected

FULL NAME: _____
Last First Middle

DOB: _____ SSN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO.: _____ EMERGENCY NO.: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

PREVIOUS ADDRESS: _____

PLACE OF BIRTH: _____ COUNTY: _____

DRIVERS LICENSE NO.: _____ STATE: _____

EDUCATION: HIGHEST GRADE COMPLETED: GRADE SCHOOL: _____ HIGH SCHOOL: _____

TRADE OR TECHNICAL SCHOOL: _____ DID YOU GRADUATE: _____

COURSE OF STUDY: _____

COLLEGE: WHAT DEGREE DID YOU ACHIEVE? _____

COURSE OF STUDY /OR/ MAJOR: _____

PERSONAL REFERENCES: (NOT RELATIVES OR EMPLOYERS)

NAME: _____ PHONE NO.: _____

ADDRESS: _____

NAME: _____ PHONE NO.: _____

ADDRESS: _____

NAME: _____ PHONE NO.: _____

ADDRESS: _____

EMPLOYMENT STATUS: EMPLOYED: _____ SELF-EMPLOYED: _____

LIST ALL EMPLOYERS: STARTING WITH CURRENT EMPLOYER: use additional sheets as needed

COMPANY NAME: _____

ADDRESS: _____

DUTIES: _____ SUPERVISOR: _____

COMPANY PHONE NUMBER: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: _____

.....
COMPANY NAME: _____

ADDRESS: _____

DUTIES: _____ SUPERVISOR: _____

COMPANY PHONE NUMBER: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: _____

.....
COMPANY NAME: _____

ADDRESS: _____

DUTIES: _____ SUPERVISOR: _____

COMPANY PHONE NUMBER: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: _____

MILITARY EXPERIENCE: _____

DISCHARGED: _____ RESERVE: _____

EXPERIENCE IN LAW ENFORCEMENT /OR/ EMERGENCY SERVICES:

LAW ENFORCEMENT: _____ IF YES, LIST DEPARTMENT / DATES / AND DUTIES: _____

EMS SERVICE: _____ IF YES, LIST AGENCY / DATES/ AND DUTIES:

LIST CURRENT OR PAST FIRE DEPARTMENTS / ADDRESS AND CONTACT INFORMATION / DATES OF SERVICE AND JOB TITLE OR DESCRIPTION OF DUTIES: (use additional sheet as needed) _____

FIREFIGHTER CERTIFICATION: I: _____ II: _____ STATE: _____

EMS: BASIC 1st AID: _____ CPR: _____ 1st. RESPONDER: _____ EMT: _____ PARAMEDIC: _____

IF YES ON ANY, LIST LOCATION OF CLASS / DATE / LEVEL/ AND LICENSE NUMBER: _____

HAZ-MAT: _____ IF YES, LIST LEVEL OF TRAINING: _____

DISPATCHER: _____ FIRE: _____ EMS: _____ LAW: _____ OTHER: _____

LIST ANY OTHER SPECIALIZED FIRE OR RESCUE TRAINING YOU HAVE RECEIVED ALONG WITH DATES AND LOCATION OF TRAINING: (add additional sheet if necessary) _____

LIST OTHER EXPERIENCE THAT COULD RELATE TO THE FIRE SERVICE: _____

LIST ANY HOBBIES OR PERSONAL ACTIVITIES THAT MIGHT BENEFIT THE FIRE SERVICE: _____

Name of Regular Physician: _____

Address: _____ Phone: _____

Name of Banking Institution: _____

Type of accounts: Checking: _____ , Savings: _____

HAVE YOU BEEN ARRESTED ON ANY CHARGES, INCLUDING ANY MISDEMEANORS IN THE LAST 5
YEARS: IF YES, LIST DETAILS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____ IF YES, LIST DETAILS: _____

HAVE YOU EVER HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED: _____ IF YES, LIST
DETAILS _____

LIST ANY TRAFFIC VIOLATIONS IN THE PAST THREE YEARS: _____

HAVE YOU EVER BEEN BONDED: _____ HAD BOND REFUSED: _____ REVOKED: _____

THE FOLLOWING QUESTIONS ARE FOR FIRE DEPARTMENT RECORDS ONLY. THEY HAVE NO
BEARING ON YOUR ACCEPTANCE OR REJECTION. ANSWERS ARE ONLY VOLUNTARY.

MARITAL STATUS: _____ NAME OF SPOUSE: _____

NAME & DATE OF BIRTH OF OTHER DEPENDENTS: _____

RELIGIOUS PREFERENCE: _____ SEX: _____ ETHNIC: _____ BLOOD TYPE: _____

If offered a position with the Gravois Fire Protection District, how soon would you be available
to start: _____

BY SIGNING THIS APPLICATION, I STATE THAT ALL INFORMATION IS TRUE AND COMPLETE. I ALSO
UNDERSTAND THAT FALSE STATEMENTS MAY RESULT IN THE REJECTION OF THIS APPLICATION, ALONG
WITH ANY FUTURE CONSIDERATION FOR MEMBERSHIP, AND/OR TERMINATION OF ANY POSITION IN THE
GRAVOIS FIRE PROTECTION DISTRICT. I ALSO GIVE THE GRAVOIS FIRE PROTECTION DISTRICT PERMISSION
OR ANY AGENT ACTING FOR THE GRAVOIS FIRE PROTECTION DISTRICT TO CONDUCT A COMPLETE
BACKGROUND, FINANCIAL, MEDICAL HISTORY AND RECORDS CHECK. I ALSO GIVE ANY OTHER
ORGANIZATION, COMPANY, OR AGENT PERMISSION TO RELEASE ANY NECESSARY INFORMATION TO
COMPLETE A BACKGROUND CHECK. I ALSO GIVE THE GRAVOIS FIRE PROTECTION DISTRICT OR ANY
AUTHORIZED AGENT PERMISSION TO ACCESS RELEVANT MEDICAL INFORMATION AND FOR ANY MEDICAL
FACILITY OR PHYSICIAN TO RELEASE THAT INFORMATION THAT IS NECESSARY IN CONJUNCTION WITH MY
DUTIES WITH THE GRAVOIS FIRE PROTECTION DISTRICT. I ALSO AGREE TO ABIDE BY ALL RULES AND
REGULATIONS OF THE GRAVOIS FIRE PROTECTION DISTRICT.

SIGNATURE: _____ DATE: _____

DEPARTMENT USE ONLY:

Application received: Date: _____

Instructions to Applicant:
You may include copies of any training or certifications. Send copies only as no material submitted will be returned.

In addition to the application you must submit: (Failure to submit required documentation will result in your application being rejected.)

I. A resume, detailing your background, education, goals and ambitions in the Fire Service and explaining why the Gravois Fire Protection District should consider you for a position.

II. Copies of Missouri Division of Fire Safety certifications:

Firefighter I:

Firefighter II:

Hazardous Materials Incident Response, Awareness:

Hazardous Materials Incident Response, Operations:

III. Copy of EMS certification or licensure:

Firefighter EMS First Responder from MUFRTI or National Registry or from other training entity recognized by the Gravois Fire Protection District:

Or

Licensure from the Missouri Bureau of EMS as:

EMT-B: or EMT-I: or EMT-P:

IV. Copy of Valid CPR Card:

V. Copy of Valid Driver's License:

VI. Copy of verification of training at NIMS IS 100 & IS 700 or equivalent:

Send to:
Gravois Fire Protection District
PO Box 1348
Laurie, MO. 65038

Phone: 573-374-4442 Fax: 573-374-4373

Email: gfpd@charter.net