

EMPLOYMENT STATUS: EMPLOYED:_____ SELF-EMPLOYED:_____ RETIRED:_____

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:_____

LIST ANY OTHER CERTIFICATIONS AND/OR TRAIN THE TRAINER CERTIFICATES YOU HOLD:

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 FIVE 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: _____

Instructions to Applicant:

You must include copies of any certificates of training or licensure or service awards/commendations. 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. Include your specific roles and responsibilities in managing a department training program.

II. Copies of Missouri Division of Fire Safety, IFSAC, PROBOARD, etc. certifications and any other relevant certificates:

III. Copy of EMS certification or licensure:

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 required NIMS training:

Send to:

**Gravois Fire Protection District
215 Highway O
Laurie, MO. 65037**

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

Email: firechiefhancock@gravoisfire.org

DEPARTMENT USE ONLY:

Application received: Date: _____