

**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 and explaining why the Gravois Fire Protection District should consider you for a position.**
- II. Copies of any relevant training certificates, diplomas, etc.**
- III. Copy of Valid Driver's License:**

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

**Phone: 573-374-4442  
Fax: 573-374-4373  
Email: [gravoisfire@gravoisfire.org](mailto:gravoisfire@gravoisfire.org)**

GRAVOIS FIRE PROTECTION DISTRICT  
CIVILIAN POSITION APPLICATION

Position you are applying for:\_\_\_\_\_

**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:\_\_\_\_\_

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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: \_\_\_\_\_

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PERSONAL REFERENCES: (NOT RELATIVES OR EMPLOYERS)

NAME:\_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME:\_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
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CURRENT EMPLOYMENT STATUS: EMPLOYED: \_\_\_ SELF-EMPLOYED: \_\_\_ UNEMPLOYED: \_\_\_

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: \_\_\_\_\_

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MILITARY EXPERIENCE: \_\_\_\_\_

DISCHARGED: \_\_\_\_\_ RESERVE: \_\_\_\_\_

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EXPERIENCE IN LAW ENFORCEMENT /OR/ EMERGENCY SERVICES:

LIST AGENCIES / DATES / AND DUTIES: \_\_\_\_\_

EMS: BASIC 1<sup>st</sup> AID:\_\_\_\_ CPR:\_\_\_\_ OTHER:\_\_\_\_\_

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LIST OFFICE EQUIPMENT YOU ARE COMPETENT IN OPERATING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CHECK SOFTWARE YOU HAVE EXPERIENCE IN USING: AND LIST ANY OTHERS  
WINDOWS 7:\_\_\_\_ MICROSOFT WORD:\_\_\_\_ EXCEL:\_\_\_\_ OUTLOOK:\_\_\_\_ ADOBE:\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST OTHER EXPERIENCE THAT COULD RELATE TO YOUR POSITION YOU ARE APPLYING FOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY HOBBIES OR PERSONAL ACTIVITIES:\_\_\_\_\_

\_\_\_\_\_

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Name of Regular Physician:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

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Name of Banking Institution:\_\_\_\_\_

Type of accounts: Checking:\_\_\_\_ , Savings:\_\_\_\_

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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 OR SPEEDING TICKETS IN THE PAST FIVE YEARS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN COVERED BY A SURETY BOND: \_\_\_\_\_ HAD BOND REFUSED: \_\_\_\_\_  
REVOKED: \_\_\_\_\_

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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: \_\_\_\_\_

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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 any false or incomplete statement will result in the rejection of this application, along with no future consideration for employment and will result in termination of any position with the Gravois Fire Protection District.

I also give the Gravois Fire Protection District or any agent acting for the Gravois Fire Protection District permission to conduct a complete background check including financial records, medical history, driving records and criminal background check.

I also give any other organization, company or agent permission to release any information required to complete the background check including complete past employment history.

I also give the Gravois Fire Protection District or any authorized agent of the Gravois Fire Protection District permission to access relevant medical information and authorize any medical facility or physician to release any information requested in conjunction with the processing of this application.

I also agree to abide by all rules and regulation of the Gravois Fire Protection District.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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DEPARTMENT USE ONLY:

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Application received: Date: \_\_\_\_\_

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Notes:

