



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:

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 1<sup>st</sup> AID: \_\_\_\_\_ CPR: \_\_\_\_\_ 1<sup>st</sup>. 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: \_\_\_\_\_

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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: \_\_\_\_\_

ARE YOU CURRENTLY UNDER INVESTIGATION OR INDICTMENT: \_\_\_\_\_ 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: \_\_\_\_\_

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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 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. I HAVE REVIEWED THE PHYSICAL STANDARDS AND MEDICAL REQUIRMENTS AND I AM NOT AWARE OF ANY CONDITION THAT WOULD PREVENT ME FROM PERFORMING MY DUTIES.

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

## Physical Standards and Medical Requirements:

### 1. Personnel are subject to the following standards:

- A. To operate as a member of a team and independently at incidents of uncertain duration.
- B. Spend extensive time outside, exposed to the elements.
- C. To tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400 deg. F.), Humid (up to 100%) atmosphere, while wearing equipment that significantly impairs body cooling mechanisms.
- D. To operate in cold, normally encountered for our climate.
- E. Experience frequent transition from hot to cold and from humid to dry atmospheres.
- F. Work in wet, icy, or muddy area.
- G. Perform variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.
- H. Operate in various positions, from standing to kneeling to crawling and spend extended time in a crouching position.
- I. To be able to routinely lift and carry load up to forty (40) pounds. To be able, if needed, to lift and move loads of one hundred (100) pounds.
- J. To perform fire fighting or rescue duties while wearing personal protection equipment that weighs in excess of fifty (50) pounds
- K. To perform physically demanding work while wearing self contained breathing apparatus.
- L. To be able to make rapid transitions from rest to near maximum exertion without warm up period.
- M. To operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined space.
- N. To work in areas where sustaining traumatic or thermal injuries is possible.
- O. Face exposure to carcinogenic dust or compounds, toxic substances, organic solvents, or the normal by-products of combustion either through inhalation or skin contact.

- P. Face exposure to infectious agents such as Hepatitis B or HIV,
- Q. Perform complex tasks during life threatening emergencies.
- R. Work for long periods of time, requiring sustained physical activity and intense concentration.
- S. Face life or death decisions during emergency conditions.
- T. Be exposed to grotesque sights and smells associated with EMS and Burn victims.
- U. Be able to operate manual and power tools and to have the necessary physical dexterity and range of movement to properly and efficiently use all equipment currently in use by the District.
- V. To be able to rely on sense of sight, hearing, smell and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confined, chaotic, and potentially life threatening environment.
- W. To be able to adequately read and understand training and information materials and printed manuals.
- X. To be able to legibly write, in order to complete necessary forms and reports.
- Y. To be able to complete mathematical formulas normally used by the fire service.
- Z. To have corrected vision of at least 20/45.
- AA. To have color perception adequate to identify and distinguish red, green and yellow colors. To be able to distinguish and read hazardous material placards, traffic control signs and signals, and other color coded markings normally used in the fire service.
- BB. To have corrected hearing adequate to distinguish the spoken word, in person or in the form of radio traffic, in conditions normally encountered in emergency operations.
- CC. In addition to all above listed tasks, to be able to safely operate all vehicles and fire apparatus in use by the District. These vehicles range from passenger vehicles, SUV's and specialized fire apparatus including ladder trucks, engines, tankers and rescue trucks. Some weighting over 66 thousand pounds and in excess of 40 ft. in length.

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DEPARTMENT USE ONLY:  
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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  
215 Highway O  
Laurie, MO. 65037

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

Email: [gravoisfire@gravoisfire.org](mailto:gravoisfire@gravoisfire.org)