

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: _____

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:

PROBATION: APPROVED: _____ DISAPPROVED: _____ DATE: _____

SIGNATURES OF OFFICERS:

CHIEF: _____

DEPUTY CHIEF: _____

TRAINING OFFICER: _____

OTHER: _____

LENGTH OF PROBATION: _____

DATE OF COMPLETION OF WRITTEN TEST: _____ SCORE: _____

APPARATUS & EQUIPMENT TRAINING: DATE: _____

OFFICER: _____

DRIVER TRAINING: DATE: _____

OFFICER: _____

ROSTERED: APPROVED: _____ DISAPPROVED: _____ DATE: _____

SIGNATURE OF OFFICERS:

CHIEF: _____

DEPUTY CHIEF: _____

DEPUTY CHIEF: _____

TRAINING OFFICER: _____

OTHER: _____

IF DISAPPROVED: COURSE OF ACTION: _____
